<u>119000290385</u>

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J.DEnnis 12.18.24						

Office Use Only



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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	ame of the limited liability company: EQUIPCHECK,	LLC				
2. (a)			b)			
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	-,	Mailing address of limited liabili (Note: MAY BE POST OFF)		
	5764 NORTH ORANGE BLOSSOM TRAIL, #304		5764 NORTH ORANGE BLOSSOM TRAIL, #304			
	ORLANDO, FL 32810	_	ORLANDO, FL 32810			
	12/09/2019		L1900029	290385		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
(a)	Registered Agent and Registered Office shown on the records of		la Dept. of Sta	 tate:		
	ASSURED COMPLIANCE SERVICES, LLC					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>'S)</u>		1	
	1615 WOODWARD STREET			DZY ALI		
	ORLANDO FI	32803		ZOZ4 DEC 1 SECRETA TALL AREAS		
					1-7-1	
(b)					! O	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office a	<u>ddress</u> :	OF STA	5	
	Corporation Service Company				- \	
	NEW Registered Office Address:					
	1201 Hays Street		· · ·			
	Tallahassee, FI	32301				
change agent w was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability c of the lin	ed office ar ompany, it i nited liabili	and the business office of the is hereby confirmed that the lity company or as otherwise	registered change(s)	
	/s/ Philip K. Calandrino			Philip K. Calandrino, Authorized Person		
Signat	ture of a member or authorized representative of a member			Printed or typed name of signed	:	
provisi the obli to mere	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide Ily reflect a change in the registered office address. I I'in writing of this change.	perforn	ance of my	v duties, and I am familiar wi	ith and accept	
Signatur	Ince CKubi re of Registered Agent Gl	RACE E	. KIRBY, A	ASST. VICE PRESIDENT		