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Division of Corporations

Fax Number : (850)617-6383

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Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Phone

Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

LLC REGISTERED AGENT CHANGE **EQUIPMENT DIAGNOSTICS LLC**

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M. SOLOMON

OCT - 3 2024

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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.

1. Na	ame of the limited	d liability company: Equipment Diag	gnostics	LLC	•				
2. (a)	1653 nw 37th ave			(b)	1653 nw 37	7th ave			
2. (a)		fice address of limited liability company: ; MUST BE STREET ADDRESS)		(0)		failing address of lin		-	•
	Cape Coral, FL	33993			Cape Coral,	, FL 33993			
	09/22/2022			1	.220004144	23			
 (a) 	LEGALINC CO	filing/registration in Florida RPORATE SERVICES INC.	4,		I	Document numb	er		
3. (a)		nd Registered Office shown on the records ove.	of the Flo	rida	Dept. of State:	:			
	Registered Office	Address (MUST BE FLORIDA STREE	T ADDR	ESS)		57 		2024 (
	Jacksonville	, F	FL_3220	2			2024 OCT -3 SESPERINA TARE LINEA		TELEPO TELE TELE TELE TELE TELE TELE TELE TEL
(b) ,	Corporate Creation						A55E8	3 PM 3:	
	Enter name of NEV 801 US Highway	<u>V Registered Agent</u> and/or <u>NEW Register</u> y 1	ed Office	: add	<u>ress</u> :		E PATE	3: 57	J
	NEW Registered (Office Address:		-					
	North Palm Bea	-h F	L_3340	3					
change agent v was/we	e or changes are n will be identical, ere authorized by	mpany is not organized under the lande, the Florida street address of the Or, in the case of a Florida limited an affirmative vote of the members on or the operating agreement of the	ne regist liability of the	terec con limi	l office and npany, it is ted liability	the business off hereby confirme company or as of	fice of the red that the	egistere change(ed (s)
	Kristen	Espinales	k	Criste	n Espinales,	Attorney-in-Fact			
Signature of a member or authorized representative of a member			_			Printed or typed nai	me of signee		
provisi the obl to mere	by accept the app ions of all statute. ligations of my po ely reflect a chan d in writing of thi	pointment as registered agent and as s relative to the proper and complet pition as registered agent as provid ge in the registered office address, I s change.	gree to de perfoi led for i l hereby	act i rmai n Ci · coi	n this capac nce of my di napter 605, nfirm that th	city. I further as uties, and I am J. F.S. Or, if this i ne limited liabili	gree to con amiliar wil document i ty company	ply wit h and a s being has be	h the iccept filed en
	Kristen Espi	<u> </u>							
Signatu	re of Registered Age								