P00000051138

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE
TAIL MINSSEE, FLORIDA

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: EQUITY SOLUTIONS, INC.	Corporation)		
	(
DOCU	JMENT NUMBER: P00000051138			
The er	closed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matt	er to the following:		
	JEFFREY G. LANE			
	(Name of C	ontact Person)		
EQUITY SOLUTIONS, INC. DBA: PRIME PLUS MORTGAGE				
	(Firm/C	Company)		
4923 W. CYPRESS ST. STE B				
(Address)				
		,		
	TAMPA, FL 33607			
		and Zip Code)		
For five	ther information concerning this matter, please	•		
i oi iui	the information concerning this matter, please	call.		
JEFF	REY G. LANE	at (, 813) 289-5626 EXT 116		
	(Name of Contact Person)	at (. 813) 289-5626 EXT 116 (Area Code & Daytime Telephone Number)		
Enclos	ed is a \$35.00 check made payable to the Depa	rtment of State.		
	Mailing Address:	Street Address:		
	Mailing Address: Amendment Section	Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	•	607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of FLORIDA ed agent, or both, in the State of Florida.	
1. The name of t	the corporation: EQUITY SOLUTIONS, INC	5. 1	
2. The principal TAMPA, FL	office address: 4923 W. CYPRESS ST. S 33607	TE B	
3. The mailing a			
4. Date of incorp	poration/qualification: 5/24/2000	Document number: P00000051138	
	I street address of the current registered age rtment of State:	nt and registered office on file with the	
	1408 N. WEST SHORE BLVD SUITE 140		
	TAMPA, FL 33607		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	4923 W. CYPRESS ST. STE B (P.O. Box NOT acceptable) TAMPA, FL 33607		
The street addre	ess of its registered office and the street ad be identical.	ddress of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted be ne board, or the corporation has been notif	by its board of directors or by an officer so lied in writing of the change.	
	Ly H. Lane irept an officer or director)	JEFFREY G. LANE; PRESIDENT (Printed or typed name and title)	
I further agree to of my duties, an document is bei	the appointment as registered agent and to comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the state of this change.	agree to act in this capacity. es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
Yest	mather of Registered Agent)	10/12/2006 (Date)	
If signing on be	half of an entity:		
	LANE; PRESIDENT Typed or Printed Name)		
	* * * FILING FEE	: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)