## ·P06000006482

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(C) win and Fulling Manual					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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93/03/90 91041 (F) \*\*35.00

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations					
	EQUITAS EINIANCIAL SEDVICE	ES INC				
SUBJECT: EQUITAS FINANCIAL SERVICES, INC. (Name of Corporation)						
DOCU	JMENT NUMBER:					
The en	closed Statement of Change of Registered Office/Ager	nt and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the	following:				
	Elizabeth Camarena					
(Name of Contact Person)						
EQUITAS FINANCIAL SERVICES, INC. (Firm/Company)						
2854 NW 79TH Avenue (Address)						
Miami, Florida 33122 (City/State and Zip Code)						
For fur	ther information concerning this matter, please call:					
Elizal	beth Camarena at ( Name of Contact Person)	305 639-1808 (Area Code & Daytime Telephone Number)				
Enclos	ed is a \$35.00 check made payable to the Department of	of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi ir to change its registered office or registe	zed under the laws of the State of Flo	orida	5	-
	the corporation: Equitas Financial Ser	•			
	office address: 2854 NW 79 Avenue,		<del></del>		
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 01/12/06	Document number: P0600000	06482		
	d street address of the current registered agreement of State:	ent and registered office on file with t	he		
	Elizabeth Camarena				
9985 NW 51 Terrace			TALI	8	
	Miami, Florida 33158		AHA	MAR	П
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				-3 AM	
	Elizabeth Camarena		STATE	AH 11: 32	ر.
	2854 NW 79 Avenue		DA	N	
(P.O. Box NOT acceptable)					
	Miami, Florida 33122				
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its r	egistere	i agen	t,
Such change wanthorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an of tified in writing of the change.	ficer so		
Elizabeth Camarena - Vice President (Printed or typed name and title)					
I hereby accept I further agree	the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity tes relative to the proper and compl gation of my position as registered a registered office address, I hereby o	ete perfe igent. O confirm	orman r, if th that th	ce iis ie
Exale	et Camerena	02 / 27 / 06 (Date)			-
ŭ	gnature of Registered Agent)  Chalf of an entity:	(vau)			
II arening on or	mui or an oracly.				
	Typed or Printed Name)				
	* * * FILING FE	E: \$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)