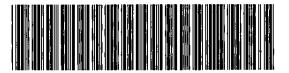
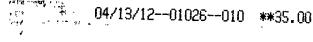
## P11000021172

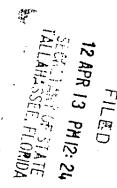
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT:EQUITYMED, INC.
	Name of Corporation
DOCU	MENT NUMBER: P11000021172
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Michael Faehner
	Name of Contact Person
	M Faehner ESQ LLC
	Firm/Company
	·
	600 Bypass Drive Suite 208
	Address
	Clearwater, FL 33764
	City/State and Zip Code
	mfaehner@mfaehner.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Michael Faehner at ( 727 ) 443 5190
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section  Street Address: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## FOR CORPORATIONS

Rursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: EQUITYMED, INC.
2. The principal office address: 200 9th Avenue N. Suite 210, Safety Harbor, FL 34695
3. The mailing address (if different): 200 9th Avenue N. Suite 210, Safety Harbor, FL 34695
4. Date of incorporation/qualification: 3/01/2011 Document number: P11000211.72
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
JOHN L CODY, CPA, LLC
7911 RUSTY HOOK COURT HUDSON EL 34667 US
HUDSON FL 34667 US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Michael J Faehner
600 Bypass Drive Suite 208
P.O. Box NOT acceptable  Clearwater, FL 33764
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signaline of an officer or director  Signaline of an officer or director  Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date  UNIVERSITY DESCRIPTION DATE  Date  On the Control of the Con
If signing on behalf of an entity:
Michael J Faehner Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*