

2019 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M12000002850

Entity Name: EQUITAS MANAGEMENT GROUP, LLC

Current Principal Place of Business:

2034 HAMILTON PLACE BLVD
SUITE 400
CHATTANOOGA, TN 37421

Current Mailing Address:

2034 HAMILTON PLACE BLVD
SUITE 400
CHATTANOOGA, TN 37421 US

FEI Number: 45-3587520

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CONTROLLER, AUTHORIZED
 REPRESENTATIVE
Name BISCHOFF, HOLLY O.
Address 2034 HAMILTON PLACE BLVD
 SUITE 400
City-State-Zip: CHATTANOOGA TN 37421

Title MEMBER
Name POTTER, JOHN D.
Address 2034 HAMILTON PLACE BLVD
 SUITE 400
City-State-Zip: CHATTANOOGA TN 37421

Title VP OF DEVELOPMENT
Name VACHON, REGGIE
Address 2034 HAMILTON PLACE BLVD
 SUITE 400
City-State-Zip: CHATTANOOGA TN 37421

Title VICE PRESIDENT
Name SMITH, DREW H.
Address 2034 HAMILTON PLACE BLVD
 SUITE 400
City-State-Zip: CHATTANOOGA TN 37421

Title MEMBER, CFO
Name COUGHRAN, STEVEN W.
Address 2034 HAMILTON PLACE BLVD
 SUITE 400
City-State-Zip: CHATTANOOGA TN 37421

Title MANAGING MEMBER, PRESIDENT
Name ODUM, JAMES B. JR.
Address 2034 HAMILTON PLACE BLVD
 SUITE 400
City-State-Zip: CHATTANOOGA TN 37421

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HOLLY O. BISCHOFF

CONTROLLER

07/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date