L17000199327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

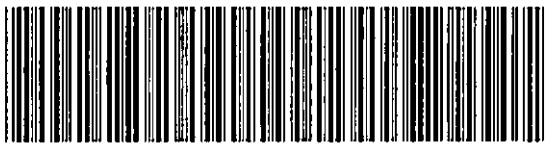
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900339558419

01/22/20--01025--004 **25.00

FILED
2020 JAN 22 AM 7:32
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

FEB 18 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITED FINANCIAL PROTECTION LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CURT BROWN
Name of Person

BIZCOUNSEL, INC.
Firm/Company

6430 SUNSET BLVD, SUITE 505
Address

LOS ANGELES, CA 90028
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CURT BROWN at (323) 607-2914
Name of Person — Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

■ $25 Filing Fee ❑ $55 Filing Fee & Certified Copy

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. Name of the limited liability company: UNITED FINANCIAL PROTECTION LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

37 N ORANGE AVE, #500

ORLANDO, FL 32801

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

PO BOX 782227

ORLANDO, FL 32878-2227

3. Date of filing/registration in Florida: 9/26/17

4. Document number: L17000199327

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

THOMAS SIZEMORE

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

6940 STUART AVE

JACKSONVILLE, FL 32254

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

UNITED AGENT SERVICES LLC

NEW Registered Office Address:

15421 N FLORIDA AVE, SUITE A

TAMPLA, FL 33613

FILED
2020 JAN 22 AM 7:32
SECRETARY OF STATE
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

CURT BROWN / AUTHORIZED AGENT
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00