

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.
Account Number : 120160000086
Phone : (561)508-5033
Fax Number : (561)694-1639

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MAR 02 2018

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE
CALIGO CROSSING, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

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3/5/18 DS

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: Caligo Crossing, LLC
2. (a) ONE INDEPENDENT DRIVE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 114
JACKSONVILLE, FL 32202-5019
- (b) ONE INDEPENDENT DRIVE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUITE 114
JACKSONVILLE, FL 32202-5019
3. 03/29/2007
Date of filing/registration in Florida
4. M07000001864
Document number
5. (a) F&L CORP
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
ONE INDEPENDENT DRIVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 1300
JACKSONVILLE, FL 32202
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
United Agent Group Inc.
NEW Registered Office Address:
11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

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]
Signature of a member or authorized representative of a member

Savannah Montalban, Attorney-in-Fact

Printed or typed name of signer

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]
Signature of Registered Agent

Savannah Montalban, Special Secretary

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA