M14000007546

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COVER LETTER

Division of Corporations	
SUBJECT: UNITED YACHT GROUP LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
SHERRI FISHER	
Name of Person	
REGISTERED AGENT SOLUTIONS, INC.	
Firm/Company	
1701 DIRECTORS BLVD. SUITE 300	
Address	
AUSTIN, TEXAS 78744	
City/State and Zip Code	
CLIENTSERVICES@RASI.COM	
E-mail address: (to be used for future annual i	eport notification)
For further information concerning this matter, plea	ase call:
SHERRI FISHER	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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. Na	me of the limited liability company: UNITED YAC	CHT GROUP LLC
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Maiting address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6805 MORRISON BLVD., STE. 370	6805 MORRISON BLVD., STE. 370
	CHARLOTTE, NC 2521	CHARLOTTE, NC 28211
	10/17/2014	M14000007546
3.	Date of filing/registration in Florida	4. Document number
5 (0)		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
•	C T CORPORATION SYSTEM	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)
	1200 SOUTH PINE ISLAND ROAD	ADDRESS)
	PLANTATION , FI	33324
		17年 三 つ
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:
	The state of the s	Diff. Car
	REGISTERED AGENT SOLUTIONS, INC.	
	NEW Registered Office Address:	
	155 OFFICE PLAZA DR	
	TALLAHASSEE , FI	_32301
If the li		ws of the State of Florida, it is hereby confirmed that after
the cha agent v was/we	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li	f the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
	11/10/11/10	J. Scott Mattei, Manager
•	ture of a member or authorized representative of a member	Printed or typed name of signee
provisi the obl to mer	ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signatu	Ukban John Adam Saldona A. re of Registered Agent	5st. Secretary

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