Division of Corporations

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To:

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From:

Account Name

: UNITED AGENT GROUP INC.

Account Number : 120160000086

: (561)508-5033

Phone Fax Number

: (561)694-1639

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## LLC REGISTERED AGENT CHANGE BORDEAUX DEVELOPMENT, LLC

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## 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.

Name of the limited liability company:      Bordeaux Development, LLC						
2.		ONE INDEPENDENT DRIVE	<b>(b)</b>	CHE INDEPENDENT DRIVE		
-	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (5)	Malling address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		SUITE 114		SUITE 114		
		JACKSONVILLE, FL 32202-5019	_	JACKSONVILLE, FL 32202-5019		
		06/21/2000	1	_0000007264		
3. 5.	(a)	Date of filing/registration in Florida F&L CORP	4.	Document number		
٥.	(a)	Registered Agent and Registered Office shown on the records of the ONE INDEPENDENT DRIVE	he Florida	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET A SUITE 1300	DDRESS)	77.66		
		JACKSONVILLE .FL	32202	7 m 29		
	(b) Enter name of NEW Registered Agent and/or NEW Registered		Office add	三二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二		
		United Agent Group Inc.				
		NEW Registered Office Address:  11380 Prosperity Farms Road #221E		LORID LORID		
		Palm Beach Gardens, FL_	33410			
the age	cha int v s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist bility con f the limi	tered office and the business office of the registered appany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in		
_			Sav	annah Montalban, Attorney-in-Fact		
		ore of a member or authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete in ignitions of my position as registered agent as provided by reflect a change in the registered office address, I have the interest of this change.	ee to act performa I for in C vereby co	Printed or typed name of signee in his capacity. I further agree to comply with the nice of my duties, and I am familiar with and accept his ter 605, F.S. Or, if this document is being filed ni irm that the limited liability company has been		
Signature of Registered Agent Signature of Registered Agent						

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