## JUUDD0012379

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ACCOUNT NO. : 072100000032
REFERENCE : 679861 7563562
AUTHORIZATION: MERRICANO
COST LIMIT : \$ 25.00
بن کی ایک ORDER DATE : December 21, 2006
ORDER TIME : 10:43 AM
ORDER NO. : 679861-045
CUSTOMER NO: 7563562
CHANGE OF AGENT
NAME: UNITED PROPERTIES SOUTHWEST- FLORIDA, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY
CONTACT PERSON: Amanda Haddan EXT# 2955
EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited	d liability company is:	UNITED PRO	PERTIES SOUTHW	VEST-FLORIDA, LLC	
2. The mailing address of	the limited liability co	ompany is :			
5310 Harvest Hill, Suite 288, I	•				
	<del></del>			·	
October 11, 2000		-	L00000012379		
3. Date of filing/registrati	on in Florida	4	Document num	ıber	
5. The name of the register Florida Department of S		stered office ac	ldress as shown o	on the records of the	
	C T Co	orporation System	1		
		Name			
		uth Pine Island Ro	ad		
		Address		12 SE 01	
	Plantation, FL 33324				
	City,	State and Zip		王四 中	
6. The name and address of	of the new registered a	gent and/or of	fice:	SSE P	
Corporation Service Company					
		Name		5/5	
1201 Hays Street					
	Florida street address	s (P.O. Box No	OT acceptable)	P	
	Tallahassee	FL	32301		
	City, S	State and Zip			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen (Signature of a member or authorized)	ange or changes are methe registered agent with the registered agent with the company tof the limited liability.	nade, the Floridill be identical change(s) was or as otherwise company.	da street address of the case	of the registered office of a Florida limited d by an affirmative vote	
/ Maureen Cullen, Attorney In F	a a t				
(Printed or typed name of signee)	act				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered as of all statutes relative laccept the obligation his document is being that the limited liability of the liabili	gent and agree e to the proper s of my positio filed to merely by company ha	e to act in this ca cand complete pe on as registered a reflect a change s been notified in	pacity. I further agree to orformance of my duties, igent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)	fichelle R. Vannoy, Asst.	Vice President			
14					

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