Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Prom:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 Phone : (561)508-5033 Pax Number : (561)694-1639

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LLC REGISTERED AGENT CHANGE NAPLES TBI REALTY, 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.

l. Na	me of the limited liability company: Naple	es TBI Rea	ilty, LLC	
2. (a)	250 GIBRALTAR ROAD		(b)	
- (-)	Principal office address of limited liability co (Note: MUST BE STREET ADDRES		, ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	HORSHAM, PA 19044			
	12/26/2000			000016272
3.	Date of filing/registration in Florid C T CORPORATION SYSTEM	la	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the 1200 SOUTH PINE ISLAND ROAL Registered Office Address	<u> </u>		of State:
	PLANTATION		3324	
(b)	United Agent Group Inc.	, FL <u>~</u>		SEP 13
(-/	Enter name of NEW Registered Agent and/or NEY	y Registered O	ffice address:	MC Z
	11380 Prosperity Farms Road #22	1E		<u></u>
	NEW Registered Office Address:			ORIDA ORIDA
	Palm Beach Gardens	, FL_2	3410	
the ch agent	ange or changes are made, the Florida street	address of the limited liab members of	he registered sility compa- the limited	e of Florida, it is hereby confirmed that after d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
1	24			chael Sanchez, Attorney-in-Fact
	aura of amember or authorized representative of a m			Printed or typed name of signee
in mei	by accept the appointment as registered ag ions of all statules relative to the proper an ligations of my position as registered agent rely reflect a change in the registered office at in writing of this change.	ent and agre d complete p as provided address, I ho	e to act in the erformance for in Chap ereby confir	his capacity. I further agree to comply with the of my duties, and I am Jamiliar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
		n-Michael	Sanchez, S	pecial Secretary
South	Division of Corporation	nnse P.O. B	ox 6327 • T	allahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)