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Division of Corporations

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Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 Phone : (561)508-5033

Fax Number

: (561)694-1639

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

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## LLC REGISTERED AGENT CHANGE FRENCHMAN'S RESERVE REALTY, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

D SCOTT 9/13/18, 1:44 PM

## 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. 3	lame of the limited liability company: FRENCHMAN	I'S RESE	ERVE REALTY, LLC
2. (a)	250 GIBRALTAR ROAD	(b)	
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· (~) •	Mailing address of limited liability company:
	HORSHAM, PA 19044		(Note: MAY BE POST OFFICE BOX)
	1101101701,17710077		
	06/13/2001	 Lı	01000009424
3.	Date of filing/registration in Florida	- <sub>4.</sub> –	Document number
5. (a	CT CORPORATION SYSTEM		
J. (L	Registered Agent and Registered Office shown on the records of the	he Florida D	Dept. of State:
1200 SOUTH PINE ISLAND ROAD  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
(Ъ	United Agent Group Inc.		
Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	11380 Prosperity Farms Road #221E		
	NEW Registered Office Address:		<del></del>
	Palm Beach Gardens	33410	<del></del>
the chagent was/v	limited liability company is not organized under the law sange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registe bility com f the limite limited lis	ered office and the business office of the registered many, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.
1 Sign	same if a member or authorized representative of a member	Jon-N	Michael Sanchez, Attorney-in-Fact
I her provi	above of a member or authorized representative of a member  eby accept the appointment as registered agent and agre- sions of all statutes relative to the proper and complete p  ligations of my position as registered agent as provided  rely reflect a change in the registered office address, I h  ed in writing of this change.	ee to act in performan I for in Ch pereby con	Printed or typed name of signee in this capacity. I further agree to comply with the acc of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed furm that the limited liability company has been
	Jon-Michael	Sanchez,	Special Secretary
Figna	nurola Rigistered Agent		
	Division of Corporations P.O. B	ox 6327•	Taliahassee, FL 32314

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