

L03000046917

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : UNITED AGENT GROUP INC.
Account Number : I20160000086
Phone : (561)508-5333
Fax Number : (561)694-5339

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR -7 PM 1:45
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
EQUITY ONE (LOUISIANA PORTFOLIO) LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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K. SALY
MAR -8 2018

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
2018 MAR -8 PM 4:53
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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.

1. Name of the limited liability company: Equity One (Louisiana Portfolio) LLC

2. (a) ONE INDEPENDENT DRIVE (b) ONE INDEPENDENT DRIVE

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

SUITE 114

SUITE 114

JACKSONVILLE, FL 32202-5019

JACKSONVILLE, FL 32202-5019

11/21/2003

L03000046917

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

F&L CORP.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

ONE INDEPENDENT DRIVE, SUITE 1300

JACKSONVILLE, FL 32202

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

United Agent Group Inc.

NEW Registered Office Address:

11380 Prosperity Farms Road #221E

Palm Beach Gardens, FL 33410

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Savannah Montalban, Attorney-in-Fact

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Savannah Montalban, Special Secretary

Signature of Registered Agent

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