## L06000057786

•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Entity Name)			
(Document Number)			
(Social Author)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
A. LUNT			
SEP 222008			
EXAMINES			
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SECRETARY OF STATE

FILED

## **COVER LETTER**

TO: Registration Section		
Division of Corporations		
•	-	
SUBJECT: Change of Company A	Address	<u> </u>
	ne of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitt	ed for filing.
Please return all correspondence concerning	ng this matter to the following:	7000 SEP 19 P 12: 57 SECRETARY OF STATE TALLAHASSEE, FLORID
Alice Austin		- 19 SSE
(Name of Person)		SEP 19 P 12: 57 RETARY OF STATE AHASSEE, FLORIDA
·		2: 5 DRII
United Florida Properties, LLC (Firm/Company)	<del></del>	
1414 S Chatsworth Pt		
(Address)		
Lecanto, FL 34461		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
Alice Austin	at ( 352 ) 270-8764	
(Name of Person)	(Area Code & Daytime Telep	hone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ving amount:	
<b>☑</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certifi	ed Copy

## 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. N	ame of the limited liability company: United Flo	orida Properties, Ll	_C.	
2. (a	) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any: 1414 S Chatsworth Lecanto, FL 34461	Pt	0
(t	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1414 S Chatsworth Lecanto, FL 34461	Pt	0
5/29/	06	L06000057286		
3. D	ate of filing/registration in Florida	4. Document number	7008 SE( TALL	
5. (	a) Registered Agent and Registered Office shown	on the records of the Flo	. ()	
	Registered Agent:	United Data of Centra	I Florida The.	
	Registered Office Address:	2058 Viewpoint Landi	- Co	
		Lakeland, FL 33810	ORDE S	
(t	) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office	address:	
	NEW Registered Agent:	United Data of Central Florida, Inc.		
NEW Registered Office Address:	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1414 S Chatsworth P	<u>t</u>	
		Lecanto	FL 34461	
that a office herel liabil limit	c limited liability company is not organized under the after the change or changes are made, the Florida stee of the registered agent will be identical. Or, in the company or as otherwise provided in the article ed liability company.  Liebelle Liebelle ture of a member or authorized representative of a member)	reet address of the regist e case of a Florida limite	tered office and the businessed liability company, it is	S
	Austin ed or typed name of signee)	<del></del>		
•	reby accept the appointment as registered agent an oly with the provisions of all statutes relative to the smiliar with and accept the obligations of my positi Or, if this document is being filed to merely reflect rm that the limited liability company has been noti	d agree to act in this cap proper and complete pe on as registered a change in the register fied in writing of this cha	pacity. I further agree to rformance of my duties, and is provided for in Chapter 6 ed office address, I hereby ange.	1 I 08,
(Signa	ature of Registered Agent)			

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