Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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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. Na	me of the limited liability company: Equity One (S	heridan	Pidza) L	LC	
2. (a)	ONE INDEPENDENT DRIVE	(b) ONE INDEPENDENT DRIVE			
2. (u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·= (v)		Aniling address of limited liability company: (Note: MAY RE POST OFFICE BOX)	
	SUITE 114	_	SUITE	114	
	JACKSONVILLE, FL 32202-5019	_	JACKS	ONVILLE, FL 32202-5019	
	08/28/2008	i	-0800008	32171	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)				F	
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State		
	F&L CORP.	7 13	144 mg	AN A	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	ONE INDEPENDENT DRIVE, SUITE 1300		1	m - m	
	JACKSONVILLE ET	32202	•		
(b)				कृति %	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	त्स ्रिः ग्रे	•	
	United Agent Group Inc.		!		
	NEW Registered Office Address:			•	
	11380 Prosperity Farms Road #221E				
				-	
	Palm Beach Gardens , FL	33410		_	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lise are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ability co of the limi limited li	tered office mpany, it i ted liabilit ability con	c and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	ture of a member or authorized representative of a member	· ,		Printed or typed name of signee	
	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ree to act performa d for in C hereby co en, apec	in this cap incu of my hapter 60 infirm that id Secreta	acity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited Ilability company has been	
Signate	re of Registered Agent				