L12 0000 46277

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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#25.00 FILE 13 AM 7:
#2021 APR 13 AM 7:
***25.00

		COVI	ER LETTER
	istration Section ision of Corporations		•
Div	ision of Corporations		
SUBJECT:	ULB FAMILY HOLDINGS, LL	C	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limit	ted Liability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered	Office Change	e and fee(s) are submitted for filing.
Please retur	n all correspondence concerning	g this matter to	o the following:
GARY D. D	EANGELO		
	Name of Person		
	F:/C		
	Firm/Company		
48 HARBOI	R CIRCLE		
	Address		
COCOA BE	ACH, FL 32931		
	City/State and Zip Coo	le	
GARYPOTI	ION@GMAIL.COM		
E-mai	l address: (to be used for future	annual report	notification)
For further	information concerning this ma	tter, please cal	n:
GARY D. D	DEANGELO	321 at (431-0000
	Name of Person	&: (Area Code & Daytime Telephone Number
Ma	illing Address:		Street Address:
Re	gistration Section		Registration Section
	vision of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Iai	llahassee, FL 32314		Tallahassee, FL 32303
En	closed is a check for the follow	ving amount:	
	\$25 Filing Fee		☐ \$55 Filing Fee & Certified Copy
INHS18 (2/1	14)		

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: ULB FAMILY HO	OLDIN	GS,	LLC				
2	(a) 1427 CHAFFEE DRIVE SUITE 5			(b) _	48 HARBOR	RCIRCLE			
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0) =	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		TITUSVILLE, FL 32780	_ _	(COCOA BEA	ACH, FL 32931			
		04 / 04 / 2012		L	2000046277	7			
3.		Date of filing/registration in Florida	4.		Do	ocument number			
5.	(a)	GARY D. DEANGELO							
•	(-)	Registered Agent and Registered Office shown on the records of the C/O LAMINAR ADVISORS LLC	he Flori	da D	ept. of State:				
		Registered Office Address (MUST BE FLORIDA STREET A)			*	2021 APR 13			
		17 GREENWOOD LN #201							
		COCOA BEACH , FL	32931	931					
	(b)	GARY D. DEANGELO							
		Enter name of NEW Registered Agent and/or NEW Registered Office address:				17:19 SENTE PLORIDA	`'		
		48 HARBOR CIRCLE		9 JA					
		NEW Registered Office Address:							
		COCOA BEACH , FL	32931						
ch ag wa the	ange ent v is/we e arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility c f the lii	red comp mite	office and the pany, it is her d liability co	he business office of the register ereby confirmed that the change company or as otherwise provide	red e(s)		
_		ture of a member of authorized representative of a member	G/	ARY	D. DEANGE				
I in protection to no	herei ovisi e obl mere tified	by accept the appointment as registered agent and agree of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	e to ac perform for in ereby c	ct in nanc Cha conf	this capacity	rinted or typed name of signee ty. I further agree to comply wi ties, and I am familiar with and S.S. Or, if this document is bein, I limited liability company has b	th the accept g filed een		