

## Florida Department of State

Division of Corporations

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**L15000031135**

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : UNITED AGENT GROUP INC.  
Account Number : 120160000086  
Phone : (561)508-5033  
Fax Number : (561)694-1639

\*\*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

## CALIBURN SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

MAR -8 2021

M. SOLOMON

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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is: Caliburn Services LLC

2. (a) Principal office address of the limited liability company: 10570 S US Hwy 1  
STE 300  
PORT ST LUCIE FL 34952

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 10570 S US Hwy 1  
STE 300  
PORT ST LUCIE FL 34952

(Note: MAY BE POST OFFICE BOX)

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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:

Registered Agent: UNITED AGENT GROUP INC.

Registered Office Address: 801 US HIGHWAY 1  
NORTH PALM FL 33408

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

NEW Registered Agent: Laura Amme

NEW Registered Office Address: 10570 S US Hwy 1  
STE 300  
Port St Lucie FL 34952

(MUST BE FLORIDA STREET ADDRESS)

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.

Courtney Nanke  
 (Signature of a member or authorized representative of a member)

Courtney Nanke, 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.*

Courtney Nanke  
 (Signature of Registered Agent)  
Courtney Nanke, Attorney in Fact

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

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