Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000071753 3)))



H180000717533ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000006 Phone : (561)508-8033

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 UNCOMMON, LLC

WAR - 6 2018

Certificate of Status	الأحداث الأستاء المستادة	 0
Certified Copy		 0
Page Count		03
Estimated Charge		\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	Legistration Section Division of Corporations				
SUBJEC	Uncommon, LLC	-			
		e of Limited Lis	ability Company		
Dear Sir	or Madam:				
The enclo	osed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.		
Please re	rum all correspondence concerning this	s matter to the f	following:		
			acker		
Jon-Mi	chael Sanchez				
	Name of Person		_		
United	Agent Group				
	Firm/Company		_		
11380	Prosperity Farms Road #221E				
	Address				
Palm B	each Gardens, FL 33410				
	City/State and Zip Code				
govdocs@unitedagentgroup.com					
E-n	nail address: (to be used for future annual	ial report notifi	cation)		
For furth	er information concerning this matter,	please call:	•		
Jon-Mid	chael Sanchez	561	508-5033		
	Name of Person		Area Co: & Daytime Telephone Number		
F C 2	TREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Fallahassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
E	Enclosed is a check for the following amount:				
C	\$25 Filing Fee	S55 Filing Fee & Certified Copy			
INHS18 (2/14)				

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.

	one of the limited liability company: Uncommon, ONE INDEPENDENT DR, STE, 114		ONE INDEPENDENT DR, STE. 114
2. (a)	Principal office address of limited liability company: (Now: MUST BE STREET ADDRESS) JACKSONVILLE, FL 32202	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) JACKSONVILLE, FL 32202
	04/13/1999		_15000144458
3.	Date of filing/registration in Florida	4.	Document number
5. (u)	~ 	 	
	Registered Agent and Registered Office shown on the records of ONE INDEPENDENT DR SUITE 1300	of the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	
	JACKSONVILLE, F	L 32202	三
(L)	United Agent Group Inc.		SPECIAL SPECIA
(b)	Enter name of NEW Registered Agent and/or NEW Registers	ed Office add	res:
	11380 Prosperity Farms Road #221E		ب اسی
	NEW Registered Office Address:		S
	Palm Beach Gardens, F	_L 33410	
the chagent	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members igles of organization or the operating agreement of the	of the regis liability co s of the lim	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
		Jon	-Michael Sanchez, Attorney-in-Fact
	the of a member or affinized representative of a member by accept the appointment as registered agent and a jons of all statules relative to the proper and comple ligations of my position as registered agent as provided reflect a change in the registered affice address, and in writing of this change.	gree to act te perform ded for in (I hereby co	Printed or typed name of signee in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept thatter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been
	Jon-Mi	chael Sa	nchez, Special Secretary
Signati			
	Division of Corporations • P.O.	. Box 6327	• Tallshassee, FL 32314

FILING FEE: \$25.00 fact