Division of Corporations Electronic Filing Cover Sheet

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

(((H18000076252 3)))



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

Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 : (561)508-5033 Phone 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 LOUISIANA HOLDING LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

ाः श्री

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: Louisiana   | Holding Ll                                      | _C  |  |  |
|---|---|--|---|---|--|--|
| 2.  | (a)   | ONE INDEPENDENT DRIVE  |   | ONE INDEPENDENT DRIVE   |  |  |
| -   | ( <del>-</del> )  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SUITE 114  |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  SUITE 114   |  |  |
|   |   | JACKSONVILLE, FL 32202-5019  |   | JACKSONVILLE, FL 32202-5019   |  |  |
|   |   | 02/23/2017   |   | L17000041935  |  |  |
| 3.  |   | Date of filing/registration in Florida   | 4.  | Document number   |  |  |
| 5.  | (a)   | Registered Agent and Registered Office shown on the records  | of the Florida                                  | a Dept, of State:   |  |  |
|   |   | Registered Office Address (MUST RE FLORIDA STREE<br>ONE INDEPENDENT DRIVE STE 1300   | ET ADDRESS                                      | บ   |  |  |
|   |   | JACKSONVILLE ,   | FL_32202  |   |  |  |
|   | (b) United Agent Group Inc.  Enter name of NEW Registered Agent and/or NEW Registered 6 |  |   | dress:  |  |  |
|   |   | Enter traine of the responsibility of the state of the st |   | <u>\$</u>   |  |  |
|   |   | NEW Registered Office Address:   | ····  |   |  |  |
|   |   | 11380 Prosperity Farms Road #221E  |   |   |  |  |
|   |   | Palm Beach Gardens   | FL_33410  |   |  |  |
| th<br>ag  | e cha<br>ent v<br>s/wa  | vill be identical. On in the case of a Florida limits  | s of the regi<br>d liability c<br>rs of the lin | istered office and the business office of the registered organy, it is hereby confirmed that the change(s) midd liability company or as otherwise provided in   |  |  |
|   |   |  | Sa  | vannah Montalban, Attorney-in-Fact  |  |  |
|   | _   | ture of a member or authorized representative of a member  |   | Printed or typed name of signee   |  |  |
| pr<br>th<br>to  | ovisi<br>e obl<br>mere  | ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in writing of this change.  | ided for in<br>i, I hereby c                    | et in this capacity. I further agree to comply with the nance of my duties, and I am jamiliar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been |  |  |
| Savannah Montaiban, Special Secretary Signature of Registered Agent |   |  |   |   |  |  |
| J   | .g. icku  | and the second s | 0. 7 (22  | 7 - Tall basses ET 23214  |  |  |

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