

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033

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LLC REGISTERED AGENT CHANGE EQUITY ONE (FLORIDA PORTFOLIO) LLC

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Electronic Filing Menu

Corporate Filing Meñu

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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. 1	Vam	e of the limited liability company: Equity One (Florida	P	orttolio)	LLC
2. (a	, (ONE INDEPENDENT DRIVE		(b)	CHEI	MOEPENDENT DRIVE
, ,	<i>'</i> —	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		(-)	i i	Mailing address of limited liability company: (Now: MAY BE POST OFFICE BOX)
		SUITE 114			SUITE	114
	_	JACKSONVILLE, FL 32202-5019	_		JACKS	SONVILLE, FL 32202-5019
	0	05/25/1999		L	.170000	041957
3.	-	Date of filing/registration in Florida	4.			Document number
5. (R	Registered Agent and Registered Office shown on the records of F&L CORP. Registered Office Address				ate:
		ONE INDEPENDENT DRIVE, SUITE 1300	0			_ 26 <u> </u>
	•	JACKSONVILLE , F	L_3220	2		RETA ALL A
(l	o)					SSEE -7
	E	inter name of NEW Registered Agent and/or NEW Registere	d Office t	ndd	ress:	P S FI
	!	United Agent Group Inc.	3 m som 1	2!·		DATE :
	_	NEW Registered Office Address:			: SAH	37 7
	-	11380 Prosperity Farms Road #221E			:1	_
	_	Palm Beach Gardens, F	L 3341	0	,	_
the cager	chan _i it wi were	nited liability company is not organized under the lege or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited e authorized by an affirmative vote of the members less of organization or the operating agreement of the	of the rep liability of the li	gis: co: imi	ter offi mp sy, it ted liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
			s	av	annah I	Montalban, Attorney-in-Fact
		to of a member or authorized representative of a member y accept the appointment as registered agent and a ins of all statutes relative to the proper and complet gations of my position as registered agent as provid y reflect a change in the registered office address, in writing of this change.	gree to a le perfor led for in I hereby	act rma n C	In this ca nce of m hapter 61 nfirm tha	Printed or typed name of signee spacify. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
		Savennah Montelba of Registered Agent	n , Spe ci	ini 8	lecretary	

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