


  
 Florida Department of State  
 Division of Corporations  
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**To:**  
 Division of Corporations  
 Fax Number : (850)617-6383

**From:**  
 Account Name : UNITED AGENT GROUP INC.  
 Account Number : I2016000005  
 Phone : (561)508-5333  
 Fax Number : (561)694-1639

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

RECEIVED

**LLC REGISTERED AGENT CHANGE  
 EQUITY ONE CAPITAL MANAGEMENT LLC**

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

2/21/18 JS

**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. Name of the limited liability company: Equity One Capital Management LLC

2. (a) ONE INDEPENDENT DRIVE (b) ONE INDEPENDENT DRIVE

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

SUITE 114  
JACKSONVILLE, FL 32202-5019

SUITE 114  
JACKSONVILLE, FL 32202-5019

3. 02/23/2017  
Date of filing/registration in Florida

4. L17000041982  
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

F&L CORP.  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202

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

United Agent Group Inc.  
NEW Registered Office Address:  
11380 Prosperity Farms Road #221E  
Palm Beach Gardens, FL 33410

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.

[Signature]  
Signature of a member or authorized representative of a member

Savannah Montalban, Attorney-in-Fact  
Printed or typed name of signer

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.

[Signature]  
Signature of Registered Agent

**Savannah Montalban, Special Secretary**

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