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F - W F	To:	Division of Corporations Fax Number : (850)617-6383	AHASSE AHASSE	MAR -7	FIL
	From:	Account Name : UNITED AGENT GROUP INC. Account Number : 120160000036	OF STATE. FLORE	强 2:	

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LLC REGISTERED AGENT CHANGE EQUITY ONE (WEST COAST PORTFOLIO) LLC

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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 Stantes, 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 lin	mited liability company: Equity One	(West C	30	ist Port	tolio) LLG		
2. (a) ONE INC	Principal office address of limited liability company:			(b) ONE INDEPENDENT DRIVE			
Princi					Mailing address of limited liability company:		•
SUITE :	(Note: MUST BE STREET ADDRESS)			CLUTE	(Note: MAY BE POST	<u>OFFICE BOX</u>)	
30116	114		-	SUITE	: 11 4 		
JACKS	ONVILLE, FL 32202-5019		-	JACKS	SONVILLE, FL 3220	02-5019	
02/23/20	17		L	170000	041995		
	te of filing/registration in Florida	, 4.			Document number		
5. (a) Registered As	gent and Registered Office shown on the records	of the Florid	ia I	Dept. of St	Atc:		
F&L CO							
Registered O	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-		
ONE IN	DEPENDENT DRIVE, SUITE 13	DRIVE, SUITE 1300			三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三	5	
JACKSC	ONVILLE	FL 32202	2				<u> </u>
				113-		72 m	E T
(b)	f NEW Registered Agent and/or NEW Registe				_	第22 .	-7
Enter name o	f NEW Registered Agent and/or NEW Registe	red Office a	ddr	<u>ess</u> :		<u> </u>	⊋ C
United A	gent Group Inc.						. .
NEW Regist	ared Office Address:					急用	22
11380 P	rosperity Farms Road #221E				•		
Palm Be	ach Gardens	FL_3341	0		_		
the change or chan agent will be ident was/were authorize	lity company is not organized under the iges are made, the Florida street addressical. Or, in the case of a Florida limited by an affirmative vote of the membe inization or the operating agreement of	s of the reg d liability or rs of the li the limited	ist con mit l lis	ered offi npary, it led labil ability co	ice and the business off t is hereby confirmed the lity company or as othe	fice of the reg nat the change rwise provide	istered :(s)
_	per or authorized representative of a member				Printed or typed name of	faignee	
I hereby accept the provisions of all state obligations of to merely reflect a notified in writing	e appointment as registered agent and atutes relative to the proper and compl my position as registered agent as proving the change in the registered office address of this change.	agree to a lete perform ided for in I hereby	ct i mai Ci coi	n this ca nce of n hapter of nfirm the	spacity. I further agree ly duties, and I am fani 05, F.S. Or, if this doc at the limited liability co	to comply wi liar with and ument is bein ompany has b	ith the accept g filed een
Signature of Registere	Savannah Montulb	en, Specia	I 3	oceatury			