

Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 Phone : (561)508-5033

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Enail Address:

LLC REGISTERED AGENT CHANGE EQUITY ONE (WESTPORT) 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 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	ame of the limited liability company: Equity One (V	Nestpo	ort) LLC
2. (a)	ONE INDEPENDENT DRIVE	ſħ	ONE INDEPENDENT DRIVE
(<i>)</i>	Principal office address of limited liability company:	\°	Mailing address of limited liability company:
	(Ngle: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	SUITE 114	<u> </u>	SUITE 114
	JACKSONVILLE, FL 32202-5019	_	JACKSONVILLE, FL 32202-5019
	02/23/2017		L17000042794
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of	the Florida	da Depth of State:
	F&L CORP.		sé :
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS	39)
	ONE INDEPENDENT DRIVE, SUITE 1300)	
	JACKSONVILLE	32202	F G
	JACKSONVILLE ,FI	32202	<u> </u>
			ddreus:
(b)	Enter name of NEW Registered Agent and/or NEW Registered		<u> </u>
	Enter name of NEW Repittered Agent and/or NEW Registered	Office ad	ddress:
	United Agent Group Inc.		
	NEW Registered Office Address:		———
	11380 Prosperity Farms Road #221E		
	Troop reoponly raino road #Earla	and the second	1
	Palm Beach Gardens , FI	33410	0
the chagent was/w the art	will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the authorized representative of a member	f the reginability coof the limited Sar	gistered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in I liability company. avancah Montalban, Attorney-In-Fact Printed or typed name of signee
I here provis the ob to mer notifie		ree to ac perform d for in hereby c	ct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept a Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

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