4900000 6766

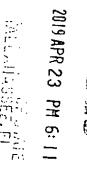
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

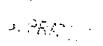
Office Use Only



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COVER LETTER

Division of Corporations	
Urban Inlet LLC	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Christin Delaney	
Name of Person	
Urban Inlet LLC	
Firm/Company	
5011 Gate Parkway Bldg. 100, Suite 100	
Address	
Jacksonville Florida 32256	
City/State and Zip Code	
Christin.Delaney@UrbanInlet.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
Christin Delaney 85	50 319-1491
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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: Urban Inlet LI	LC		. <u>. </u>			
2. (a)	Christin Delaney	(b) Christin Delaney					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			•	
	5011 Gate Parkway Bldg. 100, Suite 100		5011 Ga	ite Parkway	Bldg. 10	00, Su	ite 100
	Jacksonville Florida, 32256	_	Jackson	ville, Florida	32256		
	01/03/2019		L1900000	06766			
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	Christin Delaney						
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- C:			
	Christin Delaney						
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS	2	=			
	3500 Laurel Mill Drive			_			
	Orange Park	32065				2	
(b)	Christin Delaney				Ĭλί	2019 APR 23	·24 75]
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	-	2.	ž	रामान्य रामान्य
	Christin Delaney				ĬÁLLAHASŠĒ	3 PH	; 576
	NEW Registered Office Address:			-	້ານ ເກີ	ف	
	5011 Gate Parkway Bldg. 100, Suite 100			-	<u> </u>	=	
	Jacksonville , FL	32256					
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the reginability constitution of the limited l	stered office ompany, it is sited liability	e and the busir is hereby confi- in company or inpany.	ness office rmed that	of the	registered inge(s)
Signa	ture of a member or authorized representative of a member			Printed or typed	l name of sig	gnec	-
provisi the obt to mer	by accept the appointment as registered agent and aging one of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to aci perform d for in (hereby c	in this cape ance of my Chapter 603 onfirm that	acity. I furthe duties, and I a i, F.S. Or, if th the limited lia	r agree to m familia his docum bility com	compler with in ent is be pany h	y with the and accept peing filed as been
Signatu	re of Registered Agent						