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To:

Division of Corporations

Fax Number : (850)617-6383

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Prom:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086

: (561)508-5033

Phone Fax Number

: (561)694-1639

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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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.

 Na (a) 	one of the limited liability company:	(b) OI	ONE INDEPENDENT DR						
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 114			_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 14				
	Jacksonville, FL 32202-5019	_	Ja	Jacksonville, FL 32202-5019					
	10/29/2002		M02	000002843					
3.	Date of filing/registration in Florida	4.		Docum	ent number				
5. (a)	F&L Corp.								
J. (u)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept.	of State:					
	One Independent Drive								
(b)	Registered Office Address (MUST BE FLORIDA STREET Suite 1300	ADDRE	<u>22</u> 1	 _					
	Jacksonville	3220	2						
	United Agent Group Inc.	-				<u> </u>	2010	~ ↓	
(-,	Enter name of NEW Registered Agent and/or NEW Registeres	Office	eddress:			10 ES	الله الله	proper of	
	11380 Prosperity Farms Road #221E					77 X	22	J=7.	
	NEW Registered Office Address:					- 13. - 17.	74:34 252 1		
	Palm Beach Gardens , F	3341	0			# R. C. B.	8: 01		
the chagent was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the re iability of the le limite	gistered compa imited d liabil	l office and the ny, it is hereby liability compa	e business of confirmed any or as other	office of the that the concerning pro-	ie regi: hange(rovideo	stered (s)	
Sign	ature of g member or authorized representative of a member	_	OH-WIN		or typed name		ici		
I here provis the ob	by accept the appointment as registered agent and accept the appointment as registered agent and accepts of all statutes relative to the proper and completing at the proper agent as provided in the registered office address, it is not the providing of this change.	4 N. 1177	-H+/7H/-C	nis capacity. I	further agr	ee to com	n mensi i	36 6 70 7 11	
		8anch	вх, 8рек	lai Secretary					
Signoc	re of Registered Agen:	_							
	Division of Corporations P.O. FILING			allahassee, Fl	32314				

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