Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086

: (561)508-5033

: (561)694-1639 Fax Number

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T	Address:			
THMIL	AUULUARI			

LLC REGISTERED AGENTICHANGE EQUITY ONE JV SUB VERANDA LLC

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S. WARREN

MAR 0 8 2018

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3/7/18, 3:37 PM

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 Statilis, 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	me of the limited liability company: Equity One J	V Sub	V	eranda L	.LC			
2. (a)		ONE INDEPENDENT DRIVE			ONE INDEPENDENT DRIVE				
		Principal office address of limited liability company:		ъ)	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			_
		(Note: MUST BE STREET ADDRESS) SUITE 114			SLATE		UFFILE D	20)	
		JACKSONVILLE, FL 32202-5019			JACKS	ACKSONVILLE, FL 32202-5019			
		04/26/2011		N	M110000	002085			
3.		Date of filing/registration in Florida	4.			Document number			
5.	(a)								
		Registered Agent and Registered Office shown on the records of F&L CORP.	the Florid	da I	Dept. of State	¢:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-			
		ONE INDEPENDENT DRIVE, SUITE 1300)			_	至於	<u>ಪ</u>	
		JACKSONVILLE , FL	3220	2	د الماسرة الماسرة			XX XX	_L3
					3		SS	-7	=
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	dd	resi ^{e y}		뛰음	2	
		The state of the s		***			프:S		
		United Agent Group Inc.				_	울목	٠ <u>٠</u>	
		NEW Registered Office Address:				_	Sr.		
		11380 Prosperity Farms Road #221E			1/21	<u></u>			
				·		_			
		Palm Beach Gardens , FI	3341	0	··· ···	_			
the ag- wa	e cha ent v 18/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regiability of the li e limited	gist cor mi l li	ered office npany, it i ted liabilit ability con	e and the business offi is hereby confirmed the ty company or as other upany.	ice of the rat the char rwise prov	registe nge(s) rided i	ered
-,	Zianot	ure of a member or authorized representative of a member	S	av	annah M	lontalban, Attorney			
		by accept the appointment as registered agent and agent of a second agent and agent of all statutes relative to the proper and complete igations of my position as registered agent as provide ty reflect a change in the registered office address, I in writing of this change. Seventum Montalban,	ree to a perform d for in hereby	ct i ma C. co.	in this cap nce of my hapter 60: nfirm that	Printed or typed name of pacity. I further agree duties, and I am Jamil 5, F.S. Or, if this document the limited liability co		with nd acceing fi is been	the cept iled n
Si	gnatu	re of Registered Agent	Controller Absolute	_	TOTAL S)ÿ			
	-				ş				

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