Division of Corporations



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(((H20000038215 3)))



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Division of Corporations

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From:

Account Name : UNITED AGENT GROUP INC.

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Fax Number

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## LLC REGISTERED AGENT CHANGE LTIC LLC

Certificate of Status	0
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Page Count	02
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O SIMMONS

FEB 0 4 2020

## H20000038215

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR $^{ullet}$ BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is: LT	TIC LLC			
2. (a) Principal office address of the limited liability compar	ny: 100 JIM MQRAN BLVD	100 JIM MQRAN BLVD.		
(Note: MUST BE STREET ADDRESS)	DEERFIELD BEACH FL 33	DEERFIELD BEACH FL 33442		
(b) Mailing address of limited liability company:	100 JIM MORAN BLVD.	100 JIM MORAN BLVD.		
(Note: MAY BE POST OFFICE BOX)	DEERFIELD BEACH FL 33	DEERFIELD BEACH FL 33442		
4/10/2012	M12000	M12000002019		
3. Date of filing/registration in Florida	4. Document number	4. Document number		
5.(a) Registered Agent and Registered Office show	wn on the records of the Florid	a Dept. of State:	i 1	
Registered Agent:		C T CORPORATION SYSTEM		
Registered Office Address:	1200 SOUTH PINE ISLAI	1200_SOUTH PINE ISLAND ROAD		
	PLANTATION FL 33324	<u> </u>	<u></u>	
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address:	TAL TAL	020	
NEW Registered Agent:	United Agent Group Inc.	LLA SE		
NEW Registered Office Address:	801 US Highway 1	15/2	ယ ∤ ဗာဏ	
(MUST BE FLORIDA STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·		
	North Palm Beach	FL 33408	<u> </u>	
If the limited liability company is not organized under the la or changes are made, the Florida street address of the registe identical. Or, in the case of a Florida limited liability compan aritimative vote of the members of the limited liability couthe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member)  Joseph Panholzer, Attorney-in-Fact  Printed or Typed name of signee)  I hereby accept the appointment as registered agent and agreef all statutes relative to the proper and complete performancy position as registered agent as provided for in Chapter 6 in the registered office address, I hereby confirm that the limited of the segistered office address, I hereby confirm that the limited liability company.	ered office and the business office of any, it is hereby confirmed that the champany or as otherwise provided in the champany or as otherwise provided in the confirmed that the champany or as otherwise provided in the confirmed to act in this capacity. I further a accept my duties, and I am familiar with the confirmed to be in the confirmed liability company has been notificated liability company has been notificated.	the registered agent nange(s) was/were to he articles of organi gree to comply with ith and accept the o g filed to merely rej	It will be authorized by aization or hization or hization or his the provision obligations of flect a change	
Signature of Registered Agent)	<u> </u>			
Division of Corporations, P.O	. вох 6327, Tallahassee, FL 3	12314		