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Account Number : 120160000086

Phone : (561)508-5033

Fax Number : (561)694-1639

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LLC REGISTERED AGENT CHANGE SHOPPES ON RIVERSIDE AX, 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 Itability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (n)	ONE INDEPENDENT DR, STE. 114	(b)	OME	INDEPENDENT DR, STE. 114	
• • •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ři 1.4	Mailing address of limited liability compan	•
	JACKSONVILLE, FL 32202		JACK	(Note: MAY BE POST OFFICE HOX) SONVILLE, FL 32202	
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	10/03/2013		11 ± 500	0006257	·-
3.	Date of filing/registration in Florida	 4		Document number	
5. (a)	F&L CORP.				
., (u)	Registered Agent and Registered Office shown on the record	is of the Florida I	Cept. of St	tate:	
	ONE INDEPENDENT DR SUITE 1300				
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)		_	
	JACKSONVILLE	, _{FL} 32202			
(b)	United Agent Group Inc.			The state of the s	
(*)	Enter name of NEW Registered Agent and/or NEW Regist	tered Office and	cai:	10 表 3	-31
	11380 Prosperity Farms Road #221E		¥:	APR 25	
	NEW Registered Office Address:		11. 11.		-
			-		ب دب
, i	Paim Beach Gardens	, FL 33410			
the cha agent was/w	limited liability company is not organized under the same or changes are made, the Florida street address will be identical. Or, in the case of a Florida limits are authorized by an affirmative vote of the membiales of organization or the operating agreement of	ss of the regist ed liability cor ers of the limi f the limited li	erce off npany, i led liabi ability c	fice and the business office of the reg it is hereby confirmed that the change lifty company or as otherwise provide	isterco
	ture of a member or withoused representative of a member		<u></u>	Printed or typed name of signee	
I here provis the ob to mer notifie	ly accept the appairment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as pro ely reflect a change in the registered office addres d in writing of this change.	d agree to act pleie performa wided for in C as, I hereby co	n this co nce of m liaptèr o nfirm th	apacity. I further agree to comply way duties, and I am familiar with and 105, F.S. Or, if this document is being at the limited liability company has t	ith the accep g filed reen
	Jon-1			Special Secretary	
. Signat	are of Acid steried Acid to the contract of th				

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

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March 6, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SHOPPES ON RIVERSIDE JAX, LLC ONE INDEPENDENT DR, STE. 114 JACKSONVILLE, FL 32202

SUBJECT: SHOPPES ON RIVERSIDE JAX, LLC

REF: M13000006257

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The fax audit sheet submitted is for a registered agent resignation. The document submitted is to change the registered agent, You will need a "LLC REGISTERED AGENT CHANGE" fax audit sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
 Regulatory Specialist II

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