Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom; of all pages of the document.

(((H18000142597 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone

Fax Number

(561)508-2033 : (561)694-1839

**Enter the email address for this business@antity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	,	•	

LLC REGISTERED AGENT CHANGE HBI CC PRODUCTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Meau

Help

H18000142597

COVER LETTER

Űţ

	Registration Section Division of Corporations		. ,	પૃશ્ વિ	
SUBJEC	CC Products LLC				
SCHOOL		e of Limite	d Lizbil	ity Com	pany
Dear Sir	or Madam:				,
The encl	osed Registered Agent/Registered Offic	ce Change	and fee(s) arc su	bmitted for filing.
	turn all correspondence concerning this				B
	, and the second	- 11100000 115	ore tone	, , , , , , , , , , , , , , , , , , ,	that s
Lauren	Underwood				**
	Name of Person				
	14mile of Letzon			42	
	Firm/Company				
11380 8	Prosperity Farms Rd #221E			in ·	
	Address			**	:
Palm B	each Gardens, FL 33410				
	City/State and Zip Code				
govdoc	s@unitedagentgroup.com				
Е-п	nail address: (to be used for future annu	al report n	otificatio	on)	
For furthe	er information concerning this matter, p	please call:			
Lauren	Underwood	561	,	508-50	33
	Name of Person		, Ar	ea Corte	& Daytime Telephone Number
s	TREET/COURIER ADDRESS:		MAILI	NG AD	DRESS:
Registration Section			Registra	tion Sec	etion
Division of Corporations Clifton Building			P.O. Bo		porations
2661 Executive Center Circle					orida 32314
	allahassee, Florida 32301			,,,,,,,	
E	nclosed is a check for the following a	ımount:			•
Þ	\$25 Filing Fee		\$55 Fil	ing Fós	& Certified Copy
INHS18 (2	2/14)				

5616941639

H18000142597

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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OF PICE BOX) 1000 EAST HANES MILL ROAD					
	1000 EAST HANES MILL ROAD							
	WINSTON-SALEM, NC 27105		WII	NST	ON-SALEM, I	NC 27105		
	04/25/2017	٠	M17	000	003671			
	Date of filing/registration in Florida	4.			Document nun	nber		
(a)								
(4)	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	f the Florid	a Dept.	of Sta	sic:			
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET	ADDRES	2)		_	TALLA TALLA		
	TALLAHASSEE	L 32301			-	金	The Mileson	
		<u> </u>	<u>ಹೇ</u> ಟನೆ :	٠.		SSE	-1	
(p)	Enter name of NEW Registered Agent and/or NEW Registere	d Office -			₩	11123 1115	R IV	
	Pure time of Man Kennterto Victor and or Man Kenntere	d Office M	MI WAY		•	95	ন্	
	United Agent Group Inc.		j.			¥0X	na: Gr	
	NEW Registered Office Address:		 ,	-	-			
	11380 Prosperity Farms Road #221E							
	Palm Beach Gardens	L 33410			 			
e cha ent v as/we	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the of the regi liability c of the lir e limited	State stered ompar nited l liabili	of Fi offici y, it iabili ty co	lorida, it is heret ac and the busine is hereby confir ity company or a	ess office of the comment of the com	he registore change(s) rovided in	
Signal Signal	re of a member or authorized representative of a member				Printed or typed			
-	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ty reflect a change in the registered office address, I	gree to ac e perjorn	t in th	is cap	pacity, I further duties, and I an	agree to com ifamiliar wit	ply with the h and accep s heing filed	