## Florida Department of State

Division of Corporations tronic Filing Coxen

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033

: (561)694-1639 Fax Number

\*\*Enter the email address for this business entity to be used for future!

annual report mailings. Enter only one email address please.\*\* annual report mailings. Enter only one email address please.\*\*

Email	Address:	 	

## LLC REGISTERED AGENT CHANGE SPH PROPERTY THREE, LLC



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MAY - 7 2021

M. SOLOMON

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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.

1.	Na	me of the limited liability company:	THRE		1 A		<u> </u>	
2. (a)		1301 Second Ave FL 31		(b)	nd Ave FL 31			
` '		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Seattle, WA 98101	_	Scattle, W.	A 98101			
		08/23/2019	_	M19000008	357			<del></del>
3.	(a)	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.		Document number	<u>.</u>		
5. (a)	Registered Agent and Registered Office abown on the records of 1200 SOUTH PINE ISLAND ROAD	- e:	2. cm	2021				
	Registered Office Address (MUST BE FLORIDA STREET	_	SARA	HAY -				
		PLANTATION , FI	33324		_	TARY OF	σ	i i
	(b)	United Agent Group Inc.			_	OF STATE	PM 12: 00	C
` ,	Enter name of NEW Registered Agent and/or NEW Registered	l Office	<u>address</u> :		<u>Ģ</u> ri	00		
		801 US Highway 1			_			
		NEW Registered Office Address:		-	_			
		North Palm Beach , Fl	_33408		_			
ch ag wa	ange ent v 15/wi	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of the organization or the operating agreement of the	registe ability of the li limited	ered office an company, it i imited liabilit I liability con	d the business office of s hereby confirmed the y company or as othe	of the regi at the cha	istered .nge(s)	
_	Sione	ture of a member or authorized representative of a member	_		Printed or typed name of	faignee		
l i pri the	here oviși e obi mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered affice address, I d in withing of this change.	nerion	עממלת מחממת מח	acity. I further agree duties, and I am famil	to comply liar with a	та ассе	T71
_		Cierra Mims, Special Secretary						
Ŝi	gnatu	re of Registered Agent						