

Division of Corporations

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**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
 Fax Number : (850)617-6380

**From:**

Account Name : UNITED AGENT GROUP INC.  
 Account Number : I20160000086  
 Phone : (561)508-5033  
 Fax Number : (561)694-1639

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE**  
**JULINGTON PLAZA OWNERS ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

MAR 13 2018

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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation is: Julington Plaza Association, Inc.
2. The principal office address: ONE INDEPENDENT DR SUITE 114  
JACKSONVILLE FL 32202
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/30/2002 Document Number: N02000008370

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

F & L CORP

ONE INDEPENDENT DRIVE SUITE 1300

JACKSONVILLE FL 32202

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

United Agent Group Inc.

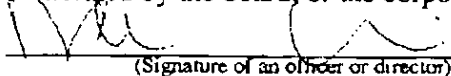
11380 Prosperity Farms Road #221E

(P.O. Box Not acceptable)

Palm Beach Gardens FL 33410

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



(Signature of an officer or director)

Maureen Verity, Attorney-in-Fact

(Printed or Typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.*

*I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*



(Signature of Registered Agent)

3/8/2018

(Date)

If signing on behalf of an entity:

Maureen Verity, Special Secretary

(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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