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## REGISTERED AGENT CHANGE BRUNSWICK CORPORATION

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware egistered agent, or both, in the State of Florida.
	he corporation: Brunswick Corporat	
2. The principal	office address: 26125 N. Riverwood	s Blvd., Suite 500, Mettawa, IL 60045
3. The mailing a	ddress (if different): 26125 N. Rive	rwoods Blvd., Suite 500, Mettawa, IL 60045
4. Date of incorp	poration/qualification: 08/26/1936	Document number: 804593
	street address of the current registe tment of State: (If resigned, enter re	ared agent and registered office on file with the esigned)
	C T CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND ROA	<u>D</u>
	PLANTATION, FL 33324	75 SE
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office
	United Agent Group Inc.	
	301 US Highway 1	
F.O. Box NOT acceptable		
	North Palm Beach, FL 33408	
as changed will	be identical.	street address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.
		Danielle Gossman - Attorney-in-Fact
-	re of an officer of director	Printed or typed name and title
I hereby accept I further agree of my duties, an document is bet corporation ha	the appointment as registered age to comply with the provisions of a lat I am familiar with and accept the first filed merely to reflect a change speed not field in writing of this cr	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this win the registered office address, I hereby confirm that the hange.
(		May 14, 2021
Sig	nature of Registered Agent	Date
If signing on bo	chalf of an entity:	
Danielle Gossmi	an, Special Secretary	
Ť	yped or Printed Name	

\* \* \* FILING FEE: \$35.00 \* \* \*

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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