

10/16/2020

2020-10-16 14:28:58 CST  
 Division of Corporations  
**851719**  
 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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

R VIVATE  
SEP 19 2020

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

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

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**REGISTERED AGENT CHANGE  
UNITED AMERICAN INSURANCE COMPANY**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$43.75

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UNITED AMERICAN INSURANCE COMPANY

2. The principal office address: 3700 S STONEBRIDGE DR, MCKINNEY, TX 75070

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/13/1982 Document number: 851719

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

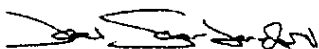
CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200), 200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

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

C T Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324  
P.O. Box NOT acceptable


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

Secretary Joel P. Scarborough  
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.*

By: C T Corporation System  
  
Signature of Registered Agent

10/16/2020  
Date

If signing on behalf of an entity:

Lisa D. DuBois, Assistant Secretary  
Typed 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  
CR2E045 (04/13)