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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086

: (561)508-5033

Fax Number

: (561)694-1639

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

Email Address:

REGISTERED AGENT CHANGE SCHUFF STEEL COMPANY

Certificate of Status	0
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123 (102)

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

statement of cha	e provisions of sections 607,0502, i ange is submitted for a corporatio fer to change its registered office o	n organized under the laws of ti	he State of DELAWARE
	the corporation: SCHUFF STEEL		e ouse of 1 torius.
	office address: 3020 E CAMELBA		Z 85016
3. The mailing a	address (if different): PO BOX 190)28 PHOENIX, AZ 85005	
	poration/qualification: 04/13/2009		F09000001504
5. The name and Florida Depar	d street address of the current registrement of State: (If resigned, enter	stered agent and registered officeresigned)	e on file with the
	CT CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROA	AD	
	PLANTATION, FL 33324		
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or re	gistered office
	UNTTED AGENT GROUP INC.		2021
	801 US HIGHWAY 1		2021 AUG 26
	NORTH PALM BEACH, FL 3340	P.O. Box NOT acceptable	ഗ് [≺] 🏣
The street addre	ess of its registered office and the	street address of the business	
Such change wa authorized by th	as/authorized by resolution duly a be board/or the corporation has b	dopted by its board of director een notified in writing of the c	s or by an office so
Signatur	e of an offseer or director	Adia Myles, Attorney-in	
- L	the appointment as registered ag o domply with the provisions of a dl amfamiliar with and accept the ag fill d merely to reflect a chang been notified in writing of this ch	rent and agree to act in this cap all statutes relative to the prope he obligation of my position as e in the registered office addre hange.	dname and title pacity. pacity ar and complete performance registered agent. Or, if this ss, I hereby confirm that the
		08/26/2021	
<u>_</u>	oding of Registered Agent naif of an entity:	De	te
Adia Myles, Spec	•		
	ped 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)