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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Name: UNITED AGENT GROUP INC.

Account Number: 120160000086

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. The email Address:

## REGISTERED AGENT CHANGE HC2 STATION GROUP, INC.

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

		17.0502, 607.1508, or 617. <b>4</b> 508, Florida Statu corganized under the laws of the State of <mark>DELA</mark>		
		registered agent, or both, in the State of Florid		
i. The name of t	he corporation: HC2 STATION GR	ROUP, INC.		_
	office address: 450 Park Avenue, 29			_
3. The mailing a	ddress (if different): 450 Park Aver	nue, 29th Floor, New York, NY 10022		_
		Document number: F18000000710	)	_
	street address of the current registment of State: (If resigned, enter t	stered agent and registered office on file with the resigned)	ì€	
	CT CORPORATION SYSTEM	_		
	1200 S PINE ISLAND RD			
	PLANTATION, FL 33324			
6. The name and (if changed):	street address of the new registers UNITED AGENT GROUP INC.	ed agent (if changed) and /or registered office	2021 AUG	٠
	801 US HIGHWAY 1		6 26	
		P.O. Box NOT acceptable		
	NORTH PALM BEACH, FL 3340	98	= 0	
The street addre	ss of its registered office and the bounded.	street address of the business office of its reg	ziste <b>ca</b> i ageni	t,
Such change was authorized by th	s authorized by resolution duly a e build, or the corporation has b	dopted by its board of directors or by an office een notified in writing of the change.	cer so	
	.NJ	Adia Myles, Attorney-in-fact		
~ 1	e of an officer or director	Probled or typed name and title		
I further agree to be my duties, and duties, and duties, and document is being corporation has	ng appointment as registered and occupity with the provisions of a different familiar with and accept the filed merely to reflect a chang been notified in writing of this co	tent and agree to act in this capacity. Ill statutes relative to the proper and complet the obligation of my position as registered ago to in the registered office address, I hereby co hange.	e performanc ent. Or if th infirm that th	ze is e
		08/26/2021		
•	poure of Registered Agent	Date		
	nalf of an entity:			
Adia Myles, Spe	cial Secretary			
Ту	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)