

F21000007  
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  
KYNDRYL, INC.**

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

OCT 27 2021  
S. PRATHER

## Electronic Filing Menu

## Corporate Filing Menu

Help

**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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KYNDRYL, INC.
2. The principal office address: 1 NEW ORCHARD ROAD, ARMONK, NY 10504
3. The mailing address (if different): 1 NEW ORCHARD ROAD, ARMONK, NY 10504
4. Date of incorporation/qualification: 01/29/2021 Document number: F21000000667
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)
- C T CORPORATION PINE ISLAND ROAD
- 1200 SOUTH PINE ISLAND ROAD
- PLANTATION, FL 33324

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

UNITED AGENT GROUP INC.

801 US HIGHWAY 1

P.O. Box NOT acceptable

NORTH PALM BEACH, FL 33408

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 officer or director

Adia Myles, 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

10/26/2021

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Adia Myles, Special 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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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