I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: KAREN M LOCONTI-DIAZ

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P94000061286

Entity Name: UNITED NATION'S INSURANCE AGENCY, INCORPORATED

Current Principal Place of Business:

7200 W. CAMINO REAL SUITE 302 BOCA RATON, FL 33433

Current Mailing Address:

7200 W. CAMINO REAL SUITE 302 BOCA RATON, FL 33433 US

FEI Number: 65-0516260

Name and Address of Current Registered Agent:

LOCONTI-DIAZ, KAREN M 7200 W. CAMINO REAL SUITE 302 BOCA RATON, FL 33433 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	D
Name	LOCONTI-DIAZ, KAREN M	Name	LOCONTI, ARLENE M
Address	6549 TIMBER LANE	Address	2600 S OCEAN BLVD
City-State-Zip:	BOCA RATON FL 33433		16B
		City-State-Zip:	BOCA RATON FL 33432
Title	TSD		
Name	LOCONTI, JOSEPH A		
Address	2600 S OCEAN BLVD 16B		
City-State-Zip:	BOCA RATON FL 33432		

01/05/2013

FILED Jan 05, 2013 Secretary of State CC1212320819

Certificate of Status Desired: No

Date

Date