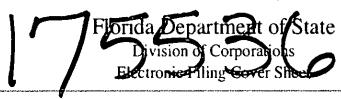
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Division of Corporations



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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.

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REGISTERED AGENT CHANGE ASSOCIATED INDUSTRIES INSURANCE COMPANY, INC.

Certificate of Status	0
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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.					
. The name of the corporation: ASSOCIATED INDUSTRIES INSURANCE COMPANY, INC.					
2. The principal office address: 903 N.W. 65TH STREET BOCA RATON, FL 33487					
3. The mailing address (if different): 800 Superior Ave E., 21st FL Cleveland, OH 44114					
Date of incorporation/qualification: 10/05/1953 Document number: 175536					
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)					
UNITED AGENT GROUP INC.					
801 US HIGHWAY 1					
NORTH PALM BEACH, FL 33408					
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
Chief Financial Officer	•				
200 E. Gaines St.	4				
P.O. Box NOT acceptable Tallahassee, FL, 32399	F,FI				
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	agent,				
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.					
Ashley Perkins, Attorney-in-Fact					
Separative of an ofitial transfer direction of the separation of the proper and complete performs of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or accument is being filed merely to reflect a change in the registered office address, I hereby confirm to corporation has been notified in writing of this change.	rmance ; if this hat the				
11/1/2022					
Signature of Regishered Agent Date					
If signing on behalf of an entity:					
Ashley Perkins, Attorney-in-Fact					
Typed or Printed Name					

FILING FEE: 535.00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)