

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086

Phone

: (561)508-5033

Fax Number

: (561)694-1639

*Enten 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 SEA RAY BOATS, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

1987 1 / 2021

Electronic Filing Menu

Corporate Filing Menu

Help

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

ctatement of char	rovisions of sections 607.0502, 617.0 nge is submitted for a corporation org	janized under the laws of the State of		this	_ _
	to change its registered office or reg	istered agent, or both, in the State of	1 107 tata.		
1. The name of t	he corporation: Sea Ray Boats, Inc.				
2. The principal	office address: 800 S GAY STREET S	UITE 1200, KNOXVILLE, TN 37929			—
3 The mailing a	ddress (if different): 26125 N. Riverw	roods Blvd., Suite 500, Mettawa, IL 6	0045		
4. Date of incorn	oration/qualification: 09/11/1972	Document number: 408411			
5. The name and	street address of the current registere tment of State: (If resigned, enter resi	d agent and registered office on file			
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION, FL 33324		<u> </u>	• - >	
6. The name and (if changed):	i street address of the new registered a	agent (if changed) and /or registered	office		
	United Agent Group Inc.		•••		•
	801 US Highway I		35 (C) 27 (C)	PH 3: 3	- Section
	P.O	Box NOT acceptable	:	دب	الاسم
	North Palm Beach, FL 33408			30	
as changed will					gent,
Such change w authorized by	as authorized by resolution duly ado he board, or the corporation has been	pted by its board of directors or by a notified in writing of the change.	an officer	: so	
\		Danielle Gossman - Attorney-io			
I hereby accept I further agree of my duties, a	te of an officer or director It the appointment as registered agen to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change i s been notified in writing of this cha	Pfinted or typed name an t and agree to act in this capacity, statutes relative to the proper and c obligation of my position as registe n the registered office address, I he nge.		oerforn t. Or, i Trm tha	nance if this u the
(,	$^{\prime\prime}$ $^{\prime\prime}$	May 14, 2021			
Si	manure of Registered Agent	Date		_	
If signing on b	chalf of an entity:				
Danielle Gossm	an, 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)