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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 INTER-CONTINENTAL HOTELS CORPORATION

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

statement of ch	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, to organized under the laws of the State of Delaware	his
in ord	er to change its registered office or r	egistered agent, or both, in the State of Florida.	-
1. The name of	the corporation: INTER-CONTINEN	TAL HOTELS CORPORATION	
2. The principal		RIVE SUITE 100	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 10/06/1986	Document number: 817932	
5. The name and Florida Depar	d street address of the current register tunent of State: (If resigned, enter res	red agent and registered office on file with the signed)	
	CORPORATION SERVICE COMPA	WY	20:
	1201 HAYS STREET		2020 DEC
	TALLAHASSEE, FL 32301-2525		5-3
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered office	VH 10:
	United Agent Group Inc.	···.	<u>+</u>
	801 US Highway 1		
		Box NOT acceptable	
	North Palm Beach, FL 33408		
The street addre	ss of its registered office and the str be identical.	eet address of the business office of its registered	d agent,
Such change wa	s authorized by resolution duly ado e board, or the corporation has been	pted by its board of directors or by an officer so inotified in writing of the change.	
au 70	Jarla	Marie Heitzman, Attorney-In-Pact	
-	e of an officer or director	Printed or typed name and title	
t hereby accept to further agree to further agree to further, and document is being corporation has	the appointment as registered agent o comply with the provisions of all s if I am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this chan	and agree to act in this capacity. Iditutes relative to the proper and complete perfoobligation of my position as registered agent. On the registered office address, I hereby confirm toge.	rmance r, if this that the
Carion	20ther	12/2/2020	
Sign	Mure of Registered Agent	Date	
-	alf of an entity:		
Marie Heitzman,			
1 37	ped or Printed Name		

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\* \* \* FILING FEE: \$35.00 \* \* \*

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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