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Division of Corporations
Fax Number : (850)617-6380

Prom:

Account Name : UNITED AGENT GROUP INC.
Account Number : 120160000086
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.\*\*

Co

Email Address:

REGISTERED AGENT CHANGE MILLIMAN, INC.

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

MOV 18 2022

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

1. The name of	the corporation: Milliman, Inc.	·	
2. The principal SEATTLE, WA	office address: 1301 FIFTH AV	/ENUE, SUITE 3800	
3. The mailing a	address (if different):		
	poration/qualification: 10/24/19	Document number: 831139	
5. The name and		egistered agent and registered office on file with t	he
	C T CORPORATION SYSTEM	м	
	1200 SOUTH PINE ISLAND F	ጀD.	
	PLANTATION, FL 33324		
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or registered office	2022 NOV
	United Agent Group Inc.		- Y
	801 US Highway 1		7
		P.O. Box NOT acceptable	4루 폭
	North Palm Beach, FL 33408		AH 10:
The street addre		the street address of the business office of its re	$\sim$ $\sim$
Such change was authorized by th	is authorized by resolution du ie board, or the corporation ha	ly adopted by its board of directors or by an offi is been notified in writing of the change.	icer so
/	- (-	Tasha Edwards, Attorney-in-Fact	
,	e of an officer of director	Printed or typed name and title	
I héreby accept I horther agrée to of my duties, an document is beil corporation has	the appointment as registered o comply with the provisions of d I am familiar with and acce ng filed merely to reflect a chi been potified in writing of thi	l agent and agree to act in this capacity of all statutes relative to the proper and comple of the obligation of my position as registered ag ange in the registered office address, I hereby co is change.	te performance ent. Or, if this onfirm that the
1		11/17/2022	
Sign	isture of Registered Agent	Date	
If signing on bei	half of an entity:		
Tasha Edwards, S	·		
Ty	ped or Printed Name		
	* * * FT	LING 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)