Division of Corporations

Florida Departmen of States 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 : 120160000086 : (561)508-5033 : (561)694-1639 Fax Number

Enter 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 SOUTHEAST TRANSPORTATION SYSTEMS, INC.

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

1. The name of	the corporation is: South	east Transportation	on Systems, Inc.	
2. The principal	office address: 100 JIM	MORAN BLVD.		
DEERFIELI	BEACH FL 33442			
	address (if different): 100	JIM MORAN E	BLVD.	
	D BEACH FL 33442			
		7/20/2000	Document Number:	F00000004075
4. Date of incor	poration/qualification:		·	_ -
5. The name an Florida Depa	a street address of the cul artment of State:	Tent registered at	gent and registered office	on the with the
	CT CORPORATION SYST			
	1200 SOUTH PINE IS	LAND ROAD		
6. The name an (if changed):		w registered agen	I (if changed) and /or regi	stered office
(II changes).	United Agent Group In	c.		
	801 US Highway 1	<u> </u>		
	(P.C	. Box Not acceptable)		
	North Palm Beach FL	33408	address of the business	office of its registeres
agent, as chang	ed will be identical.		address of the business of	
Such change wauthorized by the	as authorized by resoluthe board, or the corporation	tion duly adopted on has been notifi	d by its board of directored in writing of the change	rs or by an officer sc ge.
	7/		Joseph Panholzer, Attorney-in-	Fact
- /	ture of an officer or director)		(Printed or Typed na	
I further agree performance of agent. Or, if the	e to comply with the pr Tmy duties and Lam fami	ovisions of all s liar with and acc d merely to refle	ngree to act in this capaci- ctatutes relative to the p rept the obligation of my p ct a change in the registe priting of this change.	roper and complete position as registered
	1//		02/03/2020	
(Signa	nture of Registered Agent)		(Date	SE 22
If signing on be	half of an entity:			H ₀
Joseph Panholz (Typ	er, Special Secretary ed or Printed Name)			B - 3
1	MAKE CHECKS MAIL TO: DIVISION OF C	PAYABLE TO FL ORPORATIONS, P	orida Department of S O. Box 6327, Tallaha	STATE- SSEE, FL 32314 177
			Q1	9