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Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

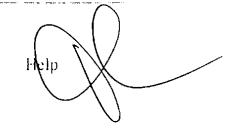
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## REGISTERED AGENT CHANGE NETCO, INC.

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

	provisions of sections 607.0502, ( ange is submitted for a corporatio				_	<i>S</i>
in orde	er to change its registered office o	r registered ag	gent, or both, in	the State of Flo	rida.	
1. The name of	the corporation: NETCO, INC.					
2. The principal CHESTERFIEL	office address: 215 Chesterfield B	usiness Parkwa	y Suite B			
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 11/05/2002	<u> </u>	Document numb	рег: <u>F02000005</u> .	560	<del></del>
	d street address of the current regi- rtment of State: (If resigned, enter		nd registered off	ice on file with	the	
	CORPORATION SERVICE COM	IPANY				707
	1201 HAYS STREET					
	TALLAHASSEE, FL 32301				<u>.</u> - ·	<del>2</del> 5
6. The name an (if changed):	d street address of the new register	red agent (if cl	nanged) and /or	registered offic	- : : : : : : : : : : : : : : : : : : :	2023 HAR 15 MH 9: 24
	United Agent Group Inc.				•	24
	801 US Highway I					
	North Palm Beach, FL 33408	P.O. Box NOT a	eceptable	, , , , , , , , , , , , , , , , , , ,		
The street address changed will	ess of its registered office and the l be identical.	street addres	is of the busines	ss office of its r	registerec	l agent,
Such change w authorized by t	as authorized by resolution duly a he board, or the corporation has b	adopted by its seen notified i	board of direct in writing of the	tors or by an of change.	fficer so	
Signati	Ashley Perkins	Ash Ash	ley Perkins, Atto	rney-in-Fact	<del></del>	<del></del>
I hereby accept I further agree of my duties, at document is be	the appointment as registered a to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this c	gent and agre all statutes re the obligation we in the revis	e to act in this c lative to the pro n of my position	capacity, oper and compl as revistered a	lete perfe agent, O confirm l	ormance r, if this that the
	Ashley Parkins	3/15	5/2023			
Sış	mature of Registere Agent			Date		
If signing on bo	ehalf of an entity:					
Ashley Perkins,	Special Secretary	_				
ì	Typed or Printed Name		-00.			
	***FIL1	NG FEE: \$3	5.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)