Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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			r this business entity to be used for future Enter only one email address please.**	0	
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کر:		Fax Number	: (561)214-8442		Ľ,
		Phone	: (561)694-8107		2
		Account Number	: 110432003053	9	
	r I Om:	Account Name	: CORPORATE CREATIONS INTERNATIONAL INC.		
	From:			904	سور) أ
		Fax Number	: (850)617-6380	2021	
	To:	Division of Con	cporations	1: <u></u> 2	

## REGISTERED AGENT CHANGE

AUTOMATED LOGIC CONTRACTING SERVICES, INC.

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

AUG 2 0 2021

LALBRITTON

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware	<u></u>
		registered agent, or both, in the State of Florida.	
	the corporation: Automated Logic		
2. The principal	office address: 3900 Nonnwoods E	Business Parkway, Suite B, Charlotte, NC 28269	<del> </del>
4. Date of incorp	poration/qualification: 10/02/2003	Document number: F03000005005	
	d street address of the current regis timent of State: (If resigned, enter	stered agent and registered office on file with the resigned)	~- <b>-</b> 2
	CT CORPORATION SYSTEM		120
	1200 S PINE ISLAND RD		2021 AUG 19
	PLANTATION, FL 33324		
6. The name and (if changed):	l street address of the new register	ed agent (if changed) and /or registered office	图1:50
	United Agent Group Inc.		. —
	801 US Highway 1		
		P.O. Box NOT acceptable	
	North Palm Beach, FL 33408		
		street address of the business office of its registered	d agent,
Such change was authorized by the	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.	
/·	Caril State	Kevin Duteau, Attorney-in-Fact	
	re of an officer or director	Printed or typed name and title	
l further agree of my duties, an document is bei	to comply with the provisions of i	gent and agree to act in this capacity. all statutes relative to the proper and complete perfo the obligation of my position as registered agent. O we in the registered office address, I hereby confirm hange.	ormance Ir, if this that the
$\mathcal{K}$	eri Duten	8/19/2021	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Kevin Duteau, S	pecial Secretary	_	
T	yped or Printed Name	-	

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