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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

*Epter 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 INSCO INSURANCE SERVICES, INC.

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

more mant of chan	rovisions of sections 607.0502, 617.0502, 6 age is submitted for a corporation organized to change its registered office or registered	07.1508, or 617.1508, Florida Statutes, this under the laws of the State of <u>California</u> agent, or both, in the State of Florida.		
m order	ne corporation: INSCO INSURANCE S	SERVICES, INC.		
i. The name of the	office address: 17771 COWAN, SUITE	100		
2. The principal C	IRVINE, CA 92614			
3. The mailing ac	ddress (if different):	E0500000900		
4. Date of incorp	poration/qualification: 02/14/2005	Document number: F05000000900		
5 The name and	street address of the current registered ager tment of State: (If resigned, enter resigned)	t and registered office on file with the		
	CORPORATION SERVICE COMP	'ANY		
	1201 HAYS STREET		•	
	TALLAHASSEE, FL 32301			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): United Agent Group Inc. 801 US Highway 1				
	United Agent Group Inc.			
	801 US Highway 1	TAR		
	North Palm Beach, FL 33408	OT acceptable	P	
The street address changed will	ess of its registered office and the street ad I be identical.	dress of the business office of its registered	l agent,	
Such change w	as authorized by resolution duly adopted be board, or the corporation has been notified.	y its board of directors or by an officer so ied in writing of the change.		
CHU VIIII		Erin Saville, Attomey-In-Fact		
I hereby accept I further agree of my duties, a document is be corporation ha	ure of so office or director I the appointment as registered agent and to comply with the provisions of all statut nd I am familiar with and accept the oblig ning filed merely to reflect a change in the so been notified in writing of this change.	Printed or typed name and title agree to act in this capacity, es relative to the proper and complete perfo ation of my position as registered agent. O registered office address, I hereby confirm	ormance r, if this that the	
2111 \a1801		1/27/2022		
Si	gnature of Registered Agent	Date		
If signing on b	ehalf of an entity:			
	lle, Special Secretary			
-, -,	Typed or Printed Name	, mg g 00 A A A		
* * * FILING FEE: S35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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