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Division of Corporations

Florida Department of State
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 : I20160000086
Phone : (561)508-5033
Fax Number : (561)694-1639

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TALLAHASSEE, FL

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
EXPLORER RV INSURANCE AGENCY, INC.

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

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Help

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Ohio
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Explorer RV Insurance Agency, Inc.
2. The principal office address: 3250 Interstate Drive, Richfield, OH 44286
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/14/2005 Document number: F05000001642
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Corporation Service Company
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
North Palm Beach, FL 33408

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Rachel Joseph
Signature of an officer or director

Rachel Joseph, Attorney-in-Fact
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*

Rachel Joseph
Signature of Registered Agent

02/08/2022
Date

If signing on behalf of an entity:

Rachel Joseph, Special Secretary
Typed or Printed Name

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

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