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Division of Corporations

Fax Number

: (850)617-6380

Prom:

: UNITED AGENT GROUP INC. Account Name

Account Number : I20160000086 Phone

: (561)508-5033

Fax Number

: (561)694-1639

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## REGISTERED AGENT CHANGE TRANSPROTECTION SERVICE COMPANY

Contifuence of Status	
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I ALBRITTON

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

statement of change	visions of sections 607.0502, 617.0502, e is submitted for a corporation organiz o change its registered office or register	ted under the laws of the State of $\_$	_Missouri	
	corporation: Transprotection Serv			
2. The principal of	fice address: 1 Premier Drive, Fent	on, MO 63026		
3. The mailing add	ress (if different):			
4. Date of incorpor	ation/qualification: 04/18/2005	Document number: F0500000	02418	
5. The name and st Florida Departm	reet address of the current registered ag ent of State: (If resigned, enter resigned	ent and registered office on file with i)	1 the	
<u>C</u>	orporation Service Company			
<u>1:</u>	201 Hays Street		~	
<u>T.</u>	allahassee, FL 32301		2022 FEB SECRETALLA	_
6. The name and so (if changed):	treet address of the new registered agent	t (if changed) and /or registered offic	EB-8	
<u>u</u>	nited Agent Group Inc.		SSE M	Ī
<u>8</u>	01 US Highway 1		E F	
		NOT acceptable		
_	orth Palm Beach, FL 33408			
	of its registered office and the street a			
Such change was authorized by the	authorized by resolution duly adopted board, or the corporation has been not	by its board of directors or by an c ified in writing of the change.	officer so	
Rack Signature	ny mai nathère sa chinerior	Rachel Joseph, Attorney- in		
I hereby accept th I further agree to of my duties, and document is being corporation has b	y appointment as registered agent and comply with the provisions of all statu. I am familiar with and accept the obliging filed merely to reflect a change in the een notified in writing of this change.	d agree to act in this capacity, ites relative to the proper and com gation of my position as registered e registered office address, I hereby	plete performance lagent. Or, if this y confirm that the	
Race	ture of Refestered Agent	02/08/2022		
	V	() \$10		
If signing on beha	an of an entity.			
	Special Secretary ed or Printed Name			
	* * * FILING FE	E- \$35.00 * * *		

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