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To:

Division of Corporations

Email Address:

Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 Phone : (561)508-5033 Pax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

9

REGISTERED AGENT CHANGE

FASTSTART REAL ESTATE SERVICES HOLDCO, INC.

Certificate of Status	0
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MAY -7 2021

M. SOLOMON

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Help

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

statement of ch	mge is submitted for a corpo	ration organized	17.1508, or 617.1508, Florida Sta under the laws of the State of <mark>Flo</mark> t agent, or both, in the State of Flot	rida	
	the corporation; Faststart Res				
2. The principal	office address: e FL 31 Seattle, WA 98101				_
3. The mailing a	iddress (if different):	_			_
4. Date of incor	poration/qualification: 10/07	/2005	Document number: F0500000582	23	
5. The name and Florida Depart	i street address of the current tment of State: (If resigned,	registered agent enter resigned)	and registered office on file with t	the	
	C T CORPORATION SYST	EM			
	1200 SOUTH PINE ISLAND	ROAD) Em		2821
	PLANTATION, FL 33324			下 (2) (2) (3)	MAY
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):		RETARY OF AHASSEELF	1-6 階		
	United Agent Group Inc.			OF STATE	<u> </u>
	801 US Highway 1			rei JE	00
	North Palm Beach, FL 33408	P.O. Box NOT	acceptable		
The street addre	ss of its registered office an be identical.	d the street addre	ess of the business office of its re	gistered age	nt,
			s board of directors or by an offi in writing of the change.		
	<u> </u>	Cie	rra Mims Attorney-in-fact		
•	of an officer or director		Printed or typed name and fitte		_
	the appointment as registers of comply with the provision of I am familiar with and acc of filed merely to reflect a c been notified in writing of t		ze to act in this capacity. elative to the proper and complei n of my position as registered ag stered office address, I hereby co	te performa ent. Or, if t onfirm that t	nce his the
IUX		05/0	06/2021		
sign If signing on bet	ature of Registered Agent		Date		_
Marie Heitzman,	-				
	ed or Frinted 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 CR2E045 (04/13)