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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033 Fax 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.

Email Address:

REGISTERED AGENT CHANGE AMTRUST NORTH AMERICA, INC.

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Help

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

| statement of cha | provisions of sections 607.0502, 61 mge is submitted for a corporation r to change its registered office or | organized under the laws of the | State of Delaware |
|---|---|--|---|
| | he corporation: AMTRUST NORT | _ • | ordine of 1 to rate. |
| | office address: 59 Maiden Lane, 431 | | |
| 3. The mailing a | ddress (if different): 800 Superior A | Ave E., 21st FL, Cleveland, OH 4 | 4114 |
| | poration/qualification: 06/09/2006 | Document number: | |
| | street address of the current regist tment of State: (If resigned, enter n | ered agent and registered office | |
| | CORPORATION SERVICE COME | PANY | |
| | 1201 HAYS STREET | | |
| | TALLAHASSEE, FL 32301 | | |
| 6. The name and (if changed): | street address of the new registere | d agent (if changed) and /or reg | effice of its registered agent, |
| | United Agent Group Inc. | | |
| | 801 US Highway 1 | | |
| | P.O. Box NOT acceptable | | |
| | North Palm Beach, FL 33408 | | |
| The street addre as changed will | ss of its registered office and the s | street address of the business o | ffice of its registered agent, |
| Such change wa authorized by th | s authorized by resolution duly ac e board or the corporation has be | lopted by its board of directors en notified in writing of the ch | or by an offic er so lange. |
| | [| Adia Myles, Attorney-in | -Fact |
| Signatur | confidence of director | Printed or typed | name and hile |
| l further agree t of my duties, and document is bei | the appointment as registered age o comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch | l statutes relative to the proper e obligation of my position as in the registered office addres | acity. r and complete performance registered agent. Or, if this ss, I hereby confirm that the |
| į | Ulls | 1/13/2022 | |
| Sigo | sture of Registered Agent | Dat | :€ |
| If signing on bel | nalf of an entity: | | |
| Adia Myles, Atto | rney-in-Fact | • | |
| Ty | ped or Printed Name | | |

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