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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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REGISTERED AGENT CHANGE DBM GLOBAL INC.

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Hélp

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

		617.0502, 607.1508, or 617.1508, Florida Statute in organized under the laws of the State of DELAN		_
in orde	er to change its registered office o	r registered agent, or both, in the State of Florida	<u>.</u>	
1. The name of t	the corporation: DBM GLOBAL II	NC.		
	2. The principal office address: 3020 E CAMELBACK RD, STE 100, PHOENIX, AZ 85016			_
3. The mailing a	address (if different); P.O. BOX 19	028 PHOENIX, AZ 85005		_
4. Date of incorp	poration/qualification: 03/29/2007	Document number: F07000001719		
5. The name and Florida Depar	d street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)		
	CT CORPORATION SYSTEM			
	1200 S PINE ISLAND RD		~ ;	
	PLANTATION, FL 33324	> 	2021 A	-
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office:	. 0	F
•	UNITED AGENT GROUP INC.	L S	~~~	m
	801 US HIGHWAY [FIA.	-: 3	C
	NORTH PALM BEACH, FL 3340	P.O. Box NOT acceptable	33	
The street addresses changed will j	ss of its registered office and the beydentical.	street address of the business office of its regist	ered agen	ıt,
Such change was authorized by the	s authorized by resolution duly a e beard, or the corporation has b	adopted by its board of directors or by an officer seen notified in writing of the change.	so	
(Adia Myles, Attorney-in-fact		
	an officer or director	Printed or typed name and title		•
hereby accept to further agree to further agree to further, and to further, and to further to further the further than the fu	the appointment as registered ago comply with the provisions of a Lam Jamiliar with and accept the first a chang been notified in writing of this cl	gent and agree to act in this capacity. all statutes relative to the proper and complete p the obligation of my position as registered agent te in the registered office address, I hereby confi hange.	erforman Or if th rm that th	ce iis ie
	d/Λ	08/26/2021		
Sign	spice of Registered Agent	Date		,
f signing on beh	alf of an entity:			
Adia Myles, Spec	cial Secretary			
Тут	ped or Printed Name			

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

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