Division of Corporations Electronic Filing Cover Sheet

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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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Email Address:	
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REGISTERED AGENT CHANGE FRANKLIN TEMPLETON FINANCIAL SERVICES CORP.

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

OCT 26 2021

A. LUNT

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of New York	:
in orde	r to change its registered office o	or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Franklin Temple	ton Financial Services Corp.	
2. The principal	office address: ONE FRANKLIN	PARKWAY SAN MATEO, CA 94403	·
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 07/17/200	7 Document number: F07000003643	
	street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file with the resigned)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND RO	DAD	
	PLANTATION, FL 33324		2021
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or registered office	2021 OCT 25
	United Agent Group Inc.		긒
	801 US Highway 1		<u>.</u>
	North Palm Beach, FL 33408	P.O. Box NOT acceptable	
The street addre	ess of its registered office and the identical.	ne street address of the business office of its registered	agent,
Such change wa authorized by th	as authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
Luu		Lauren Underwood, Attorney-in-Fact	
I hereby accent	the appointment as registered a the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a char been notified in writing of this	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete perfort the obligation of my position as registered agent. Or age in the registered office address, I hereby confirm the change.	rmance - if this hat the
Zim		10/25/2021	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Lauren Underwo	od, Special Secretary		
Ŧ	ped 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
CR2E045 (04/13)