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DATE:

5/6/15

NAME: UNITED INSURANCE GROUP AGENCY INC

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

ABBIE/P

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

	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organia			
in order	to change its registered office or register	ed agent, or both, in the State	of Florida.	
1. The name of the	ne corporation: UNITED INSI	JRANCE GROUP A	AGENCY	/, INC.
	office address:			
1150 Co	rporate Office DR #220	Milford	MI	48381
3. The mailing ac	ddress (if different):			
4. Date of incorp	oration/qualification:June 25, 200	Document number:	F080000	
	street address of the current registered agment of State: (If resigned, enter resigned		e with the	ALLAHA
	Corporation Servi	ce Company		9-6 788
	1201 Hays	Street		<b></b>
	Tallahassee, FL	32301-2525		FLORID 112: 46
6. The name and (if changed):	street address of the new registered agent National Corporate Rese		d office	16 IDA
•	155 Office Plaza Drive			
	Tallahassee, FL 32301	cceptable	<u> </u>	
The street address changed will	ss of its registered office and the street ac se identical.	ldress of the business office of	of its register	ed agent,
Such change was authorized by the	s authorized by resolution duly adopted be board, or the corporation has been notified.		an officer so	. 1
-		t tillica or typea tialite an	d tille	1/4
I hereby accept to I further agree to performance of to agent. Or, if this hereby confirm to	the appointment as registered agent and in comply with the provisions of all statutions with and account of an infamiliar with and account of the comporation has been notified in the corporation has been not included in the corporation in the corporation has been not included in the corporation in the corporation has been not included in the corporation in the corporatio	agree to act in this capacity. es relative to the proper and desept the obligation of my posi t a change in the registered of writing of this change.	complete tion as regis ffice addres	tered s, I
<u>Sea</u>	ature of Registered Agent	5/6/20	3	
If signing on beh	alf of an entity:			

## Sean Honan, Assistant Secretary

Typed or Printed Name

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