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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

\*\*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 **O&M HOLDING COMPANY OF DELAWARE, INC.** 

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

statement of change is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this coration organized under the laws of the State of ffice or registered agent, or both, in the State of Florida.
1. The name of the corporation: O&M F	HOLDING COMPANY OF DELAWARE, INC
2. The principal office address: 20 S.	Van Buren Avenue, Barberton, OH 44203
3. The mailing address (if different): 20	S. Van Buren Avenue, Barberton, OH 4420
4. Date of incorporation/qualification: 03	/10/2009 Document number: F09000000994
5. The name and street address of the curre Florida Department of State: (If resigned	nt registered agent and registered office on file with the i, enter resigned)
C T CORPORA	ATION SYSTEM
1200 SOUTH I	PINE ISLAND ROAD
PLANTATION,	FL 33324
6. The name and street address of the new (if changed):	FL 33324  Pregistered agent (if changed) and /or registered office  SECRUTARY OF THE PROPERTY
United Agent G	roup Inc.  STATE ORIO
801 US Highwa	y 1 = ₹ F.O. Box NOT acceptable
North Palm Bea	·
The street address of its registered office as changed will be identical.	and the street address of the business office of its registered agent,
	duly adopted by its board of directors or by an officer so n has been notified in writing of the change.
Signature of an officer or director	Jenisa Irizarry, Attorney-in-Fact
I hereby accept the appointment as registe I further agree to comply with the provision performance of my duties, and I am famili	ered agent and agree to act in this capacity.  ons of all statutes relative to the proper and complete  ar with and accept the obligation of my position as registered  merely to reflect a change in the registered office address, I
Ruisa Fr35	3/25/2020
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Jenisa Irizarry, Special Secre	etary

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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