Division of Corporations

Florida Department of State Department of Stat

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3:09	.	Division of Corp Fax Number	porations : (850)617-6380	AE JARY AHASSE	
27 PH	From:	Account Number Phone	: UNITED AGENT GROUP INC. : I20160000085 : (561)508-5033 : (561)694-1639	Y OF STATE EE, FLORIDA	
2021 HAY	tEnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**				

REGISTERED AGENT CHANGE CUSTOM ARC SERVICES, INC.

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Help

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.		
	the corporation: Custom Arc Service			
2. The principal Reston, VA 2019	office address: 12011 Sunset Hills I	Road, Suite 110		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 03/26/2010	Document number: F10000001512		
5. The name and		tered agent and registered office on file with the		
	CT CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324			
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered office		
	United Agent Group Inc.			
	801 US Highway 1	P.O. Box NOT acceptable P.O. Box NOT acceptable		
	P.O. Box NOT acceptable			
	North Palm Beach, FL 33408	7 /		
		street address of the business office of its registered agent,		
Such change wauthorized by t	as authorized by resolution duly the board, or the corporation has b	adopted by its board of directors or by an officer so een notified in writing of the change.		
	(1)	Cierra Mims, Attorney-in-fact		
-	ne of an officer or director	Printed or typed name and title		
of my duties, as document is be	the appointment as registered at to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chang s been notified in writing of this o	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this se in the registered office address, I hereby confirm that the change.		
	(1)	05/27/2021		
Sig	mature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Cierra Mims, Sp		_		
<u> </u>	yped or Printed Name	-		

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