Division of Corporations

Florida Department of Sta

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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 JMFE INTERNATIONAL, INC.

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

FE3 - 4 20/9

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

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1. The name of the corporation is: JMFE Internation	nal, inc.
2. The principal office address: 100 Jim Moran Blv	i.
Deerfield Beach FL 33442	
3. The mailing address (if different): 100 Jim Mora	n Blvd.
Deerfield Beach FL 33442	
	10 Document Number: F10000003565
 4. Date of incorporation/qualification: 8/3/20 5. The name and street address of the current registress. 	Document (date of)
5. The name and street address of the current registress Florida Department of State:	sted agent and registered of the oil the wild ale
C T CORPORATION SYSTEM	
1200 SOUTH PINE ISLAND RO	AD
6. The name and street address of the new registere	d agent (if changed) and for registered office
(if changed): United Agent Group Inc.	
801 US Highway I	
(P.O. Box Not acco	puble)
North Palm Beach FL 33408	and the hydrograffice of its registeres
agent, as changed will be identical.	street address of the business office of its registered
Such change was authorized by resolution duly a authorized by the board, or the corporation has been	dopted by its board of directors or by an officer so notified in writing of the change.
M	Joseph Panholzer, Attorney-in-Fact
(Signature of an officer or director)	(Printed or Typed name and title)
performance of my duties, and I am familiar with a	f all statutes relative to the proper and complete and accept the obligation of my position as registered oreflect a change in the registered office address, I
	02/03/2020
(Signature of Registered Agent)	(Date) 35 20
If signing on behalf of an entity:	
Joseph Panholzer, Special Secretary (Typed or Printed Name)	
MAKE CHECKS PAYABLE MAIL TO: DIVISION OF CORPORATION	TO FLORIDA DEPARTMENT OF STATE ONS, P.O. BOX 6327, TALLAHASSEE, FL 32314