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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

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 CAPITAL MARKETS HOLDINGS, INC.

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FEB 1 5 2019

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

1. The name of the corporation is: Capital Markets Holdings, Inc.	
2. The principal office address: 814 A1A NORTH, SUITE 303	
PONTE VEDRA BEACH FL 32082-3270	
3. The mailing address (if different): 814 A1A NORTH, SUITE 30	
PONTE VEDRA BEACH FL 32082-3270	03
1 3.112 VEDICA BEACH TE 32082-3270	
4. Date of incorporation/qualification: 9/16/2010 Docum	nent Number: F10000004149
The name and street address of the current registered agent and re Florida Department of State:	gistered office on file with the
CORPORATION SERVICE COMPANY	7
1201 HAYS STREET	B T
TALLAHASSFE FL 32301-2525	
o. The name and street address of the new registered agent (it change	ed) and /or registered office
(if changed): United Agent Group Inc.	
11380 Prosperity Farms Road #221E (P.O. Box Not acceptable)	
Palm Beach Gardens FL 33410	⇒ 2
The street address of its registered office and the street address of agent, as changed will be identical.	the business office of its registered
Such change was authorized by resolution duly adopted by its be authorized by the board, or the corporation has been notified in writing	pard of directors or by an officer so
	•
(Signature of all others of directors	adney as attorney-in-fact Printed or Typed name and title)
I hereby accept the appointment as registered agent and agree to acl further agree to comply with the provisions of all statutes reliperformance of my duties, and I am familiar with and accept the oblagent. Or, if this document is being filed merely to reflect a chang hereby confirm that the perporation has been notified in writing of the	in this capacity, ative to the proper and complete igation of my position as registered
(Signature of Registered Section)	02/13/2018
If signing on behalf of an entity:	(Date)
(Types or Printed Name)	
MAKE CITETION TO THE TOTAL TOT	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314