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	(Requestor's Name))
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	(Business Entity Na	ime)
	(Document Number	r)
	Certificate	es of Status
Special Instruction	is to Filing Officer	
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FILED



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	: 12000000	0195	
	REFERENCE	: 486229	8046906	
	AUTHORIZATION C	Tour so		
*	COST LIMIT	\$ 35.00		
ORDER DATE :	June 4, 2024			
ORDER TIME :	4:15 PM			
ORDER NO. :	486229-005			
CUSTOMER NO:	8046906			

CHANGE OF AGENT

NAME: CAPITAL MARKETS HOLDINGS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502. 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _________ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: _____ CAPITAL MARKETS HOLDINGS, INC.

2. The principal_office.address:_

8800 Baymeadows Way West Suite 301 Jacksonville, FL 32256

3. The mailing address (if different): _

4. Date of incorporation/qualification: ______D9/16/2010 ______ Document number: ____F10000004149

5. The name and street address of the current registered agent and registered office on file with the Elorida Department of State; (If regioned, anter regimed)

Florida Department of State: (If resigned, enter resigned)

UNITED AGENT GROUP INC.

	Suite 301			
	Jacksonville, FL 32256	TAL St	2024	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of Corporation Service Company		JUN I I	
	1201 Hays Street	SSEE. FLOR	AM I I :	$\overline{\mathbf{O}}$
	P.O. Box_NOT acceptable		5	
	Tallahassee	FL 32301		

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/S/ SPENCER MOSNESS	Spencer Mosness,	RISK OFFICER
Signature of an officer of director	Printed or typed pap	a and tulo

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. Corporation Service Company

06/04/2024

Date

By ignature of Registered Agent

If signing on behalf of an entity:

GRACE E. KIRBY, ASST. VICE PRESIDENT

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

CSC 486229-5