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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: UNITED AGENT GROUP INC. Account Name

Account Number : I20160000086

: (561)508-5033

Fax Number

: (561)694~1639

andrii

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

⊈mail	Address						
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## REGISTERED AGENT CHANGE CMC FUNDING, INC.

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

St. 11 .

1. The name of the corporation is: CMC Funding, Inc.	To Part of the second s
2. The principal office address: 814 A1A N STE 303	(A) (A)
PONTE VEDRA BEACH FL 32082	
3. The mailing address (if different): 814 A1A N STE 303 PONTE VEDRA BEACH FL 32082	
4. Date of incorporation/qualification: 3/27/2012 Doc	ument Number: F12000001465
<ol><li>The name and street address of the current registered agent and Florida Department of State:</li></ol>	
C T CORPORATION SYSTEM	
1200 SOUTH PINE ISLAND ROAD	
6. The name and street address of the new registered agent (if charged):	nged) and for registered office
United Agent Group Inc.	
11380 Prosperity Farms Road #221E	
(P.O. Box Not acceptable)	
Palm Beach Gardens FL 33410  The street address of its registered office and the street address agent, as changed will be identical.	of the business office of its registered
Such change was authorized by resolution duly adopted by its authorized by the board, or the corporation has been notified in wi	board of directors or by an officer so iting of the change.
by Laurer	Vadney as attorney-in-fact
(Signature of arrolficetor)	(Printed or Typed name and title)
I hereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes performance of my duties, and I am familiar with and accept the agent. Or, if this document is being filed merely to reflect a cha hereby confirm that the corporation has been notified in writing of	relative to the proper and complete obligation of my position as registered nge in the registered office address, I
	02/13/2018
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	

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

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