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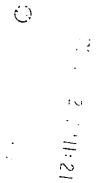
1	(Requestor's Name)
	(Address)
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	(Address)
	(City/State/Zip/Phone #)
'	(City/Otate/2)p/Filone #)
PICK-UP	WAIT MAIL
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	(Declaration of the control of the c
	(Business Entity Name)
***	(Document Number)
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mudial Instructions to	Filing Officer
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Office Use Only



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113/2023

CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195					
REFERENCE : 344528 8400637					
AUTHORIZATION Crarello de man					
COST LIMIT \$ 35.00					
ORDER DATE : January 11, 2023					
ORDER TIME : 9:36 AM					
ORDER NO. : 344528-004					
CUSTOMER NO: 8400637					
CHANGE OF AGENT					
NAME: UNITED CONSULTING GROUP, LTD.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					
EXAMINER'S INITIALS:					

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga ir to change its registered office or regis	mized under the lav	vs of the State of _	Georgia	
	the corporation: UNITED CONSULTING	•	-		
2. The principal	office address: 625 Holcomb Bridge Ro	oad, Norcross, GA	30071		
					
_	ddress (if different):		E420000		
4. Date of incorp	poration/qualification: 10/03/2013	Document i	number: F130000		
	street address of the current registered at the total state; (If resigned, enter resign		d office on file wit	~	3
	Registered Agent Solutions, Inc.			TAL TAL	
	155 Office Plaza Drive, Suite A			BEORES AND TALLAND	: " - ;
	Tallahssee	FL	32301	ASS) (_ (
6. The name and (if changed):	I /or registered offi	AMII: 42 SSEE. FL SSEE. FL			
	1201 Hays Street				
P.O. Box NOT acceptable					
	Tallahassee	FL	32301		
	ss of its registered office and the street be identical. s authorized by resolution duly adopte e board, or the corporation has been no				ent,
X_{λ}	e & Gonie	Jill Cilmi, Vice	President		
Signatur I hereby accept if I further agree to of my duties, and document is bein corporation has Corporation	the appointment as registered agent and comply with the provisions of all stated to mainly with the provisions of all stated to mainly with and accept the oblined merely to reflect a change in the been notified in writing of this change. Service Company		d or typed name and little his capacity. e proper and comp tion as registered e address, I hereby		ance this the
By: Ceri	mlei	01/12/2023			
Sign f signing on beh	ature of Registered Agent nalf of an entity:		Date		
Ami M. Casper,	Asst. Vice President				
Ту	ped 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)