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(((H21000320237 3)))



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To:

Division of Corporations

Pax Number

: (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086

Phone : (561)508-5033

Pax Number

: (561)694-1639

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

Ena	11	Address	:

REGISTERED AGENT CHANGE DBM VIRCON SERVICES (USA), INC.

Certificate of Status	0
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Page Count	02
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Corporate Filing Menu

Help

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation	n organized i	under the laws of the St	ate of ARIZONA		
	r to change its registered office or	_	•	ate of Florida.		
1. The name of t	he corporation: DBM VIRCON SE	ERVICES (U	SA), INC			
2. The principal	office address: 2151 E. Broadway I	Rd. #220, Ten	npe, AZ 85282			
3. The mailing a	ddress (if different): 2151 E. Broad	dway Rd. #22	0, Tempe, AZ 85282			
	oration/qualification: 11/18/2019					
	street address of the current registreent of State; (If resigned, enter		and registered office on	file with the		
	CT CORPORATION SYSTEM					
	1200 S PINE ISLAND RD					
	PLANTATION, FL 33324			•		
6. The name and (if changed):	street address of the new register	red agent (if o	changed) and /or registe	red office		
	UNITED AGENT GROUP INC.					
	801 US HIGHWAY 1					
	NORTH PALM BEACH, FL 3340	P.O. Box NOT:	acceptable			
The street addre	ss of its registered office and the	street addre	ess of the business offic	e of its registered agent,		
Such change wa authorized by th	authorized by resolution duly a	idopted by it een notified	ts board of directors or in writing of the chan	by an officer so ge.		
	$\mathbb{W} / \mathbb{Z}_{-}$	Adi	a Myles, Attorney-in-fac	rt .		
	e dian officer or director		Printed or typed nar			
I nereby accept I further agree to of my duties, on document is bein corporation has	the appointment as registered as o-comply with the provisions of a 1 Lam familiar with and accept the effled merely to reflect a chang heen totified in writing of this c	gent and agri all statutes ri the obligation te in the regi hange.	ee to act in this capaci elative to the proper a n of my position as reg stered office address,	ty. id complete performanc vistered agent. Or, if this I hereby confirm that the		
	$N \cap \mathcal{I}$	08/2	26/2021			
Figr	abure of Registered Agent		Date			
If signing on bel	nalf of an entity:					
Adia Myles, Spe	cial Secretary					
Ту	ped or Printed Name	-				

* * * FULING 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)