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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Number: 120160000086

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 SIGNPOST HOMES, INC.

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

MAY -7 2021

<del>M. SCLOMON</del>

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

statement of che	inge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes n organized under the laws of the State of Florida r registered agent, or both, in the State of Florida.	, this 	<del></del>
	the corporation: Signpost Homes, I	-		
2. The principal				<u> </u>
3. The mailing a	ddress (if different):			_
4. Date of incor	poration/qualification: 06/07/2019	Document number: F19000002670		
5. The name and Florida Depar	I street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the	e e e e e e e e e e e e e e e e e e e	8
	C T CORPORATION SYSTEM		) (E	2821 MAY
	1200 SOUTH PINE ISLAND ROA	AD	AT -6 ETARN HASSI	
	PLANTATION, FL 33324		- TON	
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	STATE	附12:00
	United Agent Group Inc.	-		
	801 US Highway 1			
	North Palm Beach, FL 33408	P.O. Box NOT acceptable		
The street addre	ss of its registered office and the	street address of the business office of its register	red ager	nt,
		dopted by its board of directors or by an officer seen notified in writing of the change.		
		Cierra Mims Attorney-in-fact		
_	of an enficer or director	Printed or typed name and title		-
of my duties, and accument is bei	O COMDIN WITH THE PROVISIONS OF A	tent and agree to act in this capacity, all statutes relative to the proper and complete pe he obligation of my position as registered agent, e in the registered office address, I hereby confir hange.	rforman Or, if th m that th	ice his he
/U	1/00	05/06/2021		
Sign	ature of Registered Agent	Date		-
If signing on bel	nalf of an entity;			
Marie Heitzman,	Special Secretary			
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)