## Florida Department of State

pe the fire audionumber (shown Note: Rease pointathis rage and use in

below) on the top and bottom of all pages of

(((H21000183643 3)))



H210001836433ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax 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 futured annual report mailings. Enter only one email address please. \*\*

Email	Address:			

## REGISTERED AGENT CHANGE ZILLOW LISTING SERVICES, INC.



MAY = 7 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

## 

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statut n organized under the laws of the State of Florida registered agent, or both, in the State of Florida	<u> </u>	_		
_	the corporation: ZILLOW LISTING					
2. The principal						
3. The mailing a	ddress (if different):					
4. Date of incorp	Document number: F20000000262					
	i street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	<b>;</b>			
	CT CORPORATION SYSTEM		Sim	2		
	1200 SOUTH PINE ISLAND ROA	AD	7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00	2021 PA		
		TAR)	4-1			
6. The name and (if changed):	i street address of the new register	ed agent (if changed) and /or registered office	EE FLOO	LM 17: 00		
	United Agent Group Inc.		10.4 3.E	Ü		
	801 US Highway 1					
P.O. Box NOT acceptable						
The street addre	ess of its registered office and the be identical.	street address of the business office of its regi	istered ag	gent,		
Such change was authorized by the	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an offic- seen notified in writing of the change.	er so			
		Cierra Mims Attorney-in-fact				
	re of an officer or director	Printed or typed name and title	-			
oj my duties, an document is bei	the appointment as registered as to comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been ngtified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered age se in the registered office address, I hereby con hange.	: perform nt. Or, i 1firm tha	ianc f thi it the		
11/1		05/06/2021				
Sig	nature of Registered Agent	Date		_		
If signing on be	half of an entity:					
Marie Heitzman,	Special Secretary	•				
T	yped or Printed Name	-				

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