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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086

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.**

	444			
:maıl	Address:			

REGISTERED AGENT CHANGE **DEMPSEY & SIDERS AGENCY, INC.**

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JUL 2 0 2021

S. PRATHER

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

statement of char	ge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of Ohio registered agent, or both, in the State of Florida		
1. The name of the	DEMPSEY & SID	ERS AGENCY, INC.		
2. The principal of	6725 MIAMI AVE S	STE 102 CINCINNATI, OH 45243		
3. The mailing at	301 E 4 ST Ta	AX DEPT 15 PLOOR CINCINNATI, OH 45202		
4 Date of incom	Document number: F20000001884	<u> </u>		
5. The name and	street address of the current regist ment of State: (If resigned, enter r	ered agent and registered office on file with the	i	
	CT CORPORATION SYSTEM			
	1200 S PINE ISLAND RD		≥ 6	2[
	PLANTATION, FL 33324		E SAH	2021 JUL
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):				19
	United Agent Group Inc.	<u></u> .	20	AM 9:
	801 US Highway 1		選ぶ	: 09
		P.O. Box NOT acceptable	,- -	
	North Palm Beach, FL 33408			
The street addre	ss of its registered office and the	street address of the business office of its regi	istered a	gent,
,	1 11	dopted by its board of directors or by an office een notified in writing of the change.		
		Matthew D Felvus by Adia Myles, Attor	roey-in-fa	act
1	e of all stateer of director	Printed or typed name and title		
I further agree to of my duties, and document is bei	the appointment as registered ag o comply with the provisions of a dI am familiar with and accept to giled merely to reflect a chang been notified in writing of this co	ent and agree to act in this capacity. Il statutes relative to the proper and complete he obligation of my position as registered age e in the registered office address, I hereby con hange.	perform nt. Or, afirm the	nance if this at the
1		07/09/2021		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Adia Myles, Spe	ecial Secretary			
Т	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)

TED