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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

Pax 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 MISSOUITO, INC.

MESQUATO, INC.		
Certificate of Status	0	
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A. BUTLER

JUL 18 2022

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

statement of chan	rovisions of sections 607.0502. 617.0502, 607.1508, or 617.1508, Florida Stage is submitted for a corporation organized under the laws of the State of $\_$ to change its registered office or registered agent, or both, in the State of Flo	Delawa		_
1. The name of th	ne corporation: Missquito, Inc.			
2. The principal o	office address: 2170 PIEDMONT RD. NE			
	ATLANTA, GA 30324			
3. The mailing ad	dress (if different):			
4. Date of incorpo	oration/qualification: 09/02/2021 Document number: F21000	<u>005094</u>	1	
	street address of the current registered agent and registered office on file with ment of State: (If resigned, enter resigned)	i the		
_	CORPORATION SERVICE COMPANY			
_	1201 HAYS STREET			
-	TALLAHASSEE, FL 32301-2525	<u> </u>	20:	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic		2022 JUL 1	C 27
-	United Agent Group Inc.		2	(# # *
	801 US Highway 1	<sup></sup> 유유	PH	· ·
-	P.O. Box, NOT acceptable	FS.	ڧ	ف
_	North Palm Beach FL 33408	AE.	28	
The street address as changed will b	is of its registered office and the street address of the business office of its to identical.	register	ed ager	at,
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an or e board, or the corporation has been notified in writing of the change.	fficer so	3	
	Carol Pettine, Attorney-in-fac	ct		_
I hereby accept to I further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity.  The comply with the provisions of all statutes relative to the proper and comply to the proper and comply agent for a complete the obligation of my position as registered agent filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.		formar Or, if ti n that t	ice his he
) Eta	7/15/2022  Rture of Registered Agent Data			-
If signing on beh	and the state of t			
	Special Secretary ed or Printed Name			

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

MAKE CHECKS PAYABLE TO PLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)