## Elegronie Elling (Coxer

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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 56 Fax Number : (561)694-1639 ECEIVED \*\*Enter the email address for this business entity to be used for future Cannual report mailings. Enter only one email address please.\*\* 🚣 Email Address: REGISTERED AGENT CHANGE PARTY CITY HOLDINGS INC. Certificate of Status 0 Certified Copy 0 Page Count 01 Estimated Charge \$35.00

MAY 19 2022

J. HORNE

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

statement of ch	inge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida State on organized under the laws of the State of $\frac{\text{Dele}}{\text{Dele}}$	ware
	the corporation: PARTY CITY H	or registered agent, or both, in the State of Flori OLDINGS INC.	ida.
	office address: 80 GRASSLAND		
3. The mailing a	address (if different):		<del></del> .
4. Date of incorporation/qualification: 01/05/2022 Document number: F22000000133			3
5. The name and		stered agent and registered office on file with the	
	CORPORATION SERVICE COM	MPANY	
	1201 HAYS STREET		<b>2022</b> SEI
	TALLAHASSEE, FL 32301		2022 HAY SECRETA
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	UNITED AGENT GROUP INC.		F. S. F.
	801 US HWY 1	•	<b>7 7</b>
P.O. Box NOT acceptable			
	NORTH PALM BEACH, FL 3340	98	
The street address changed will	ss of its registered office and the be identical.	e street address of the business office of its reg	istered agent,
Such change was authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an officeen notified in writing of the change.	er so
	MILL	Adia Myles, Attorney-in-Pact	
Signatur	C OL BID OTHERS OF GIVETION	rinted or typed name and title	
hereby accept further agree to if my duties, and document is bein corporation has	the appointment as registered as occupily with the provisions of a lam familiar with and accept to give a chang been potified merely to reflect a chang been potified 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 co thange.	e performance ent. Or, if this nfirm that the
/	La Ministra	5/18/2022	
Sign	Stude of Registered Agent	Date	
f signing on bel	ialf of an entity:		
Adia Myles, Spec	ial Secretary		
Тy	ped or Printed Name	-	

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