11/24/23, 9:04 AM Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for futures annual report mailings. Enter only one email address please.

Email	L Ad	dre	55:	_
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REGISTERED AGENT CHANGE SECTURASOFT, INC.

Certificate of Status	0
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Help A. FUTTER

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid inge is submitted for a corporation organized under the laws of the State o er to change its registered office or registered agent, or both, in the State o	f Dela	ware	is
1 The name of t	the corporation: SECTURASOFT, INC.			
2. The principal BIRMINGHAM	office address: 2311 HIGHLAND AVENUE SOUTH,SUITE 200			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 04/28/2023 Document number: F23000	000299	13	
	d street address of the current registered agent and registered office on file tument of State: (If resigned, enter resigned)	with th	he	
	CORPORATION SERVICE COMPANY			
	1201 HAYS STREET			
	TALLAHASSEE, FL 32301-2525	· .	2 023	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	office	2023 ::ev 27)
	United Agent Group Inc.		<u> </u>	1
	801 US Highway 1		PT 12:	,]
	P.O. Box NOT acceptable		_	
	North Palm Beach, FL 33408			
The street addre	ess of its registered office and the street address of the business office of be identical.	its reg	gistered	i agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by a board, or the corporation has been notified in writing of the change.	an offi	cer so	
Marie	Marja Souza, Attorney-in-fact			
' 7	re of an officer or Afrector Printed or typed name and	I little		
l further agree t of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and cod I am familiar with and accept the obligation of my position as register ng filed merely to reflect a change in the registered office address, I here been notified in writing of this change.	omplei red ag reby co	te perfa ent. O onfirm	ormance r, if this that the
Medi	11/24/2023			
Sign	nature of Registered Agent Date			
If signing on be	half of an entity:			
Marja Souza, Spe	ecial Secretary			
Гу	yped or Printed Name			
	* * * FILING FEE: \$35.00 * * *			