1/29/25, 3.41 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000035449 3)))



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

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 **MULTIFORCE SYSTEMS CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

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

in ore	ler to change its registered office or reg	istered agent, or both, in the State of Florida.		
1. The name o	f the corporation: MULTIFORCE SYST	EMS CORPORATION		
2. The principa	al office address: 101 WALL ST., PRINC	ETON, NJ 08540		
3. The mailing	address (if different):		_	
4. Date of inco	prporation/qualification: 07/01/2024	Document number: F24000003517	_	
	nd street address of the current registere artment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)		
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324			
6. The name at (if changed)	:	gent (if changed) and /or registered office		
	United Agent Group Inc.			
801 US Highway 1				
	P.O. Box NOT acceptable North Palm Beach, FL 33408			
The street add as changed wi	ress of its registered office and the stre ll be identical.	ect address of the business office of its registered agent,		
Such change vauthorized by	was authorized by resolution duly adop the board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.	2025	
Adia W	lylas gare of an officer or director	Adia Myles, Attorney-in-Fact	JAN	
I hereby accept further agree of my duties, a document is be	of the appointment as registered agent	tatutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.	29	
Adia M	yles Ignature of Registered Agent	1/29/2025 PM	20	
Ø	ignature of Registered Agent	Date		
If signing on b	ochalf of an entity:			