Division of Corporations Electronic Filing Cover Sheet

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TO:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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Email Address:

REGISTERED AGENT CHANGE COEN COMPANY, INC.

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JUL 1 4 2021

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Corporate Filing Menu

Help

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

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statement of ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of California registered agent, or both, in the State of Florida.	
	the corporation: COEN COMPAN	•	
	office address: 4111 E. 37th Street		_
3. The mailing	address (if different): 4111 E. 37th	Street North Wichita, KS 67220	_
4. Date of incor	poration/qualification: 09/25/1996	Document number: F96000004927	
5. The name an		stered agent and registered office on file with the	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND RO	AD	
	PLANTATION, FL 33324		21
6. The name an (if changed):	d street address of the new register	red agent (if changed) and /or registered office	JUL 13
	United Agent Group Inc.		A
	801 US Highway 1		=
		P.O. Box NOT acceptable	$\frac{\omega}{2}$
	North Palm Beach, FL 33408		
The street address changed will	ess of its registered office and the l be identical.	e street address of the business office of its registered age	nt,
Such change was authorized by the	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.	
	IN VAITALE	Erin Saville, Attorney-In-Fact	
Signatu	its of an officer or director	Printed or typed name and title	_
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered as to comply with the provisions of a ld I am familiar with and accept thing filed merely to reflect a chang steep notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete performa the obligation of my position as registered agent. Or, if t ge in the registered office address, I hereby confirm that t change.	nce his he
اللاح	MILL	07/12/2021	
Sig	nature of Aegustered Agens	Date	_
If signing on be	chalf of an entity:		
Erin Saville, Spe	cial Secretary		
T	yped 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)

SECRETARY OF STATE