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Division of Corporations

Florida Department of State  
Division of Corporations  
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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

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

Email Address: \_\_\_\_\_

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FEB 20 2018

REGISTERED AGENT CHANGE  
AMEC FOSTER WHEELER PROGRAMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

R/A-CH

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.

- The name of the corporation: Amec Foster Wheeler Programs, Inc.
- The principal office address: 2475 NORTHWINDS PARKWAY - SUITE 200-260  
ALPHARETTA, GA 30009
- The mailing address (if different): 1105 LAKEWOOD PARKWAY SUITE 300  
ALPHARETTA, GA 30009
- Date of incorporation/qualification: 02/21/1997 Document number: F97000000948
- The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

- The name and street address of the new registered agent (if changed) and /or registered office (if changed):

United Agent Group Inc.

11380 Prosperity Farms Road #221E

P.O. Box NOT acceptable

Palm Beach Gardens, FL 33410

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of an officer or director

By: Danielle Gossman, Attorney-in-Fact  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent

02/19/2018

Date

If signing on behalf of an entity:

Danielle Gossman, Special Secretary

Typed 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

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