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ACCOUNT NO. : 12000000195

REFERENCE

COST LIMIT : \$ 35.00

ORDER DATE : July 5, 2011

ORDER TIME : 9:58 AM

ORDER NO. : 835752-065

CUSTOMER NO: 7822088

CHANGE OF AGENT

NAME:

UNITED FINANCIAL SERVICES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this angelis submitted for a corporation organized under the laws of the State of Maryland er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: UNITED FINANCIAL SERVICES, INC.	
	l office address:	
2 East Ch	hase Street, Baltimore, MD 21202	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 12/01/1997 Document number: F9700006315	
	d street address of the current registered agent and registered office on file with the artment of State:	
	Corporation Service Company	
	1201 Hays Street	
	1201 Hays Street Tallahassee, FL 32301 d street address of the new registered agent (if changed) and /or registered office	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office)
	CT Corporation System 35	
	1200 South Pine Island Road	
	(P.O. Box NOT acceptable) Plantation El 22224	
771	Plantation, FL 33324	
as changed will	ess of its registered office and the street address of the business office of its registered agent, l be identical.	
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
A Attac (Signatu	ure of an office for director) H. Street, Boxes (Correctory) (Printed or typed name and title)	
I hereby accept I further agree i of my duties, an document is bei corporation has	t 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 complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change. paration System	
VI	gnature of Registered Agent) August 8 2011 (Date)	
V	eldanies Halpin	
	ssistant Secretary	
Т)	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 CR2E045 (8/05)