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To:

Division of Corporations

Fax Number : (850)617-6380

Prom:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 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:

## REGISTERED AGENT CHANGE EXECUTIVE INCENTIVES & TRAVEL, INC.

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

statement of cha	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
The name of t     The principal	the corporation: EXECUTIVE INC office address: 111 Jim Moran Blv	ENTIVES & TRAVEL, INC. d., Deerfield Beach, FL 33442	
_	address (if different):		
4. Date of incom	poration/qualification: 10/27/1982	Document number: G06211	
	d street address of the current register rement of State: (If resigned, enter n	ered agent and registered office on file with the esigned)	
	CT CORPORATION SYSTEM		
	1200 S. PINE ISLAND ROAD		
	PLANTATION, FL 33324	SEC	20 <b>20</b>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			2020 FEB   O AM 9
	United Agent Group Inc.	- West	AH Î
	801 US Highway 1	E ST	••
	North Palm Beach, FL 33408	P.O. Box NOT acceptable	39
The street addre	ess of its registered office and the beidentical.	street address of the business office of its regist	tered agent,
Such change wa authorized by th	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by an officer en notified in writing of the change.	so
fuir JA	S	Jenisa frizarry, Attorney-in-Fact	
I hereby accept I further agree to of my duties, an document is bei	id I am familiar with and accept th	Printed or typed name and little ent and agree to act in this capacity. Il statutes relative to the proper and complete p ie obligation of my position as registered agent e in the registered office address, I hereby confi	t. Or it this
luis Ja	١,	2/10/2020	
Sig	nature of Registered Agent	Date	<del></del>
If signing on be	half of an entity:		
Jenisa Irizarry, S	pecial Secretary		
<u></u>	ypod or Printed Name	IC PPP, 818 00 + + +	
	" " " FILIN	IG FEE: \$35.00 * * *	