Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name

: UNITED AGENT GROUP INC.

Account Number : I20160000086 Phone

Fax Number

: (561)508-5033 : (561)694-1639

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Electronic Filing Menu

Corporate Filing Menuor 2 7 2016

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Y SULKER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)		(b)	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	*/	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	500 Hogsback Road	50	00 Hogsback Road
	Mason, MI 48854	<u> </u>	lason, MI 48854
	10/14/2011		1000117767
3.	Date of filing/registration in Florida	4.	Document number
5. (a)) <u></u>		
	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM	f the Florida Dep	ot. of State;
	Registered Office Address	ADDRESS)	
	PLANTATION ,F	L 33324	TE OCT
45.5			SS V
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	United Agent Group Inc.		SA 😸 🛴
	NEW Registered Office Address;	······································	—— Barra Bar
	11380 Prosperity Farms Road #221E		
	Palm Beach Gardens ,F	33410	
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited 1 ere authorized by an affirmative vote of the members iteles of organization or the operating agreement of the	iws of the Sta of the registere iability comp of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) this billy company or as otherwise provided in
		Tim Pr	ratts, Attorney-in-Fact
	ature of a member or authorized representative of a member		Printed or typed name of signee
] here	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete	ree to act in . e performanc	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept
he ob to mei notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ly reflect a change in the registered office address, I dan griting of this change.	ea jor in Cha hereby confi	rm that the limited liability company has been