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Division of	Corporations	<u>ت ت ت ت</u>
Fax Number	: (850)617-6383	23 PS
From:		Strand P
Account Name	: UNITED AGENT GROUP INC.	The second se
Account Numb	er : 12016000086	
Phone	: (561)508-5033	· · · · · · · · · · · · · · · · · · ·
Fax Number	: (561)694-1639	105 CO

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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.

1. Nai	me of the limited liability company:	ices LLC)		
2. (a)	10570 S US Hwy 1	(b)	(b) 10570 S US Hwy 1		
2. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	N	Aailing address of limited I (<u>Note: MAY BE POST</u> (
	STE 300	·	STE 30	0	
	PORT ST LUCIE, FL 34952	PORT ST LUCIE, FL 34952			
	02/19/2015	_ L	1500003	31135	
3.	Date of filing/registration in Florida	4,		Document number	
5. (a)	Amme, Laura			_	
. (.,	Registered Agent and Registered Office shown on the records of the Florida Dept, of Stat 10570 S US Hwy 1			e: -	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	STE 300			-	T
	PORT ST LUCIE	34952		-	FILE 2021 TEB 25
(b)	United Agent Group Inc.			_	FILED 211EB 25 PH 5: 30
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	r ess:		10 CT
	801 US Highway 1				30
	NEW Registered Office Address:				
	North Palm Beach	33408		-	
the cha agent v was/w	imited liability company is not organized under the latinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ability co of the limited limi	mpany, it i ited liabilit iability cor	is hereby confirmed the ty company or as othe	hat the change(s) rwise provided in
Signa	sture of a member or authorized representative of a member			Printed or typed name o	f signee
provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ety reflect a change in the registered office address. I d if writing of this change.	ed for in C hereby co	Chapter 60 Shapter 60	pacity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability c	to comply with the liar with and accept ument is being filed ompany has been
Signat	Jenisa Irizarry, Special	Secreta	ary		

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00