

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000085 : (561)508-5033 Phone

Pax Number : (561)694-1639

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LLC REGISTERED AGENT CHANGE SCHROEDER MEASUREMENT TECHNOLOGIES, LLC

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H19000040110

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

1. The name of the limited liability company is: Schr	oeder Measurement Technologies, LLC		
2. (a) Principal office address of the limited liability company	25400 U.S. HWY 19 N. STE 285		
(Note: MUST BE STREET ADDRESS)	CLEARWATER FL 33763		
(b) Mailing address of limited liability company:	25400 U.S. HWY 19 N, STE 285	-	
(Note: MAY BE POST OFFICE BOX)	CLEARWATER FL 33763		
12/15/1995	1.19000013929		
3. Date of filing/registration in Florida	4. Document number		
5.(a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of	State: 🗟	
Depletored Ament	LEE L SCHROEDER		
Registered Agent: Registered Office Address:	25400 U.S. HWY 19 N, STE 285	NASKY F	
	CLEARWATER FL 33763	THE PARTY IN	
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address:	ORID DEATE	
<u>NEW</u> Registered Agent:	United Agent Group Inc.	0 0	
NEW Registered Office Address:	11380 Prosperity Farms Road #221E		
(MUST BE FLORIDA STREET ADDRESS)			
	Palm Beach Gardens FL 3341	.0	
If the limited liability company is not organized under the last or changes are made, the Florida street address of the registe identical. Or, in the case of a Florida limited liability company an affirmative vote of the members of the limited liability company.	red office and the business office of the registe ny, it is hereby confirmed that the change(s) w	red agent will be as/were authorized by	
(Signature of a greater or authorized representative of a momber)			
Joseph Panholzer, Attorney-in-Fact (Printed or Typed name of signee)			
I hereby accept the appointment as registered agent and agr of all statutes relative to the proper and complete performan my position as registered agent as provided for in Chapter 6 in the registered office address. I hereby confirm that the lim (Signatury of Registered agent)	ce of my duties, and I am familiar with and account of the state of th	cept the obligations of nerely reflect a change	
Division of Corporations, P.O	. Box 6327, Tallahassee, FL 32314		