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Division of Corporations

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Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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## LLC REGISTERED AGENT CHANGE FRANKLIN TEMPLETON COMPANIES, LLC

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

1. The name of the limited liability company is: Fr	anklin Templeton Companies, LLC
2. (a) Principal office address of the limited liability compa	ny: ONE FRANKLIN PARKWAY
(Note: MUST BE STREET ADDRESS)	<u> </u>
(TOWN THE PERIOD TIMES THE PROPERTY OF THE PERIOD TO THE P	SAN MATEO CA 94403-1906
(b) Mailing address of limited liability company:	LEGAL SM 920/2
(Note: MAY BE POST OFFICE BOX)	ONE FRANKLIN PARKWAY
UNIXED AND A VERTICAL PROPERTY.	SAN MATEO CA 94403-1906
5/31/2001	M01000001220
3. Date of filing/registration in Florida	4. Document number
5.(a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	C T CORPORATION SYSTEM
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD
	PLANTATION FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	United Agent Group Inc.
NEW Registered Office Address:	80t US Highway 1
(MUST BE FLORIDA STREET ADDRESS)	
	North Palm Beach F1. 33408
or changes are made, the Florida street address of the regist identical. Or, in the case of a Florida limited liability comp	aws of the State of Florida, it is hereby confirmed that after the change level office and the business office of the registered agent will be sany, it is hereby confirmed that the change(s) was/were authorized by ompany or as otherwise provided in the articles of organization or
Nicholas Nichols, Attorney-in-Fact	
(Printed or Typed name of signee)	
of all statutes relative to the proper and complete performa my position as registered agent as provided for in Chapter in the registered office address, I hereby confirm that the li Nicholas Nichols, Special (Signature of Registered Agent)	tree to act in this capacity. I further agree to comply with the provisions nee of my duties, and I am familiar with and accept the obligations of 605, F.S. Or, if this document is being filed to merely reflect a change mited liability company has been notified in writing of this change.  Secretary  D. Box 6327, Tallahassee, FL 32314

INHS18(10/99)