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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: UNITED AGENT GROUP INC.

Account Number : I20160000086

Phone

Fax Number

: (561)508-5033 : (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. **

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LLC REGISTERED AGENT CHANGE **CHARLEE LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |



OCT 27 2016

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.

| 1. | Nε | une of the limited liability company: Charlee LLC | , | | · · · · · · · · · · · · · · · · · · · | | | |
|---------------|---|---|---------------------|--|---|---|--|--------------------------|
| 2. | (a) | | | (b) | | | | |
| | \-'\ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | (0) | Mailing address of limit | | | |
| | | 500 Hogsback Road Mason, MI 48854 | | 500 Hogsback Road Mason, MI 48854 | | | | |
| | | | | | | | | |
| | | 04/28/2005 | | M0500 | 0001677 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | 1 | | |
| 5 | (a) | | | | | | | |
| ٧. | (II) | Registered Agent and Registered Office shown on the records of t | he Flori | ds Dept. of S | State: | | | |
| | | CT CORPORATION SYSTEM | | · | | | | |
| | | Registered Office Address MUST BE FLORIDA STREET A | DDRE. | (22 | _ | | | |
| | | 1200 SOUTH PINE ISLAND ROAD | | | | | | |
| | | PLANTATION | 3332 | л Л | | - F | | |
| | | FL. | 3332 | ······································ | | 2 | 9 | |
| | | | | | | という | 72 | |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | <u>·</u> | SSI | 26 | i II Sura Sangang |
| | | | 00100 | <u> </u> | | Line Contract | | |
| | | United Agent Group Inc. | | | | 75 | Ä | In |
| | | NEW Registered Office Address: | | ···· | | i'A ORI | (\$\frac{1}{2} | |
| | | 11380 Prosperity Farms Road #221E | | | | D. | Co | |
| | | | | | _ | | | |
| | | Palm Beach Gardens | 3341 | 0 | | | | |
| | | | | | | | | |
| If the | the l | imited liability company is not organized under the law unge or changes are made, the Florida street address of | s of th | e State of | Florida, it is hereby co | onfirmed th | hat afte | r ozod |
| 30 | ent v | vill be identical. Or, in the case of a Florida limited lia | hility i | company. | it is hereby confirmed. | that the ch | ianocie | ١ |
| th | is/we arti | ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the | f the li limited | mited liabi Lliability c | liity company or as oth | ierwise pro | ovided i | in |
| | | | | | Attorney-in-Fact | | | |
| _; | Signa | ture of a member or authorized representative of a member | | | Printed or typed name | of signee | | |
| protection no | herei ovisi e obl mere tified | by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete i ligations of my position as registered agent as provided ly reflect a change in the registered office address, I had in writing of this change. | | ct in this co mance of n Chapter 6 confirm th | opacity. I further agr ny duties, and I am fan 105, F.S. Or, if this do at the limited liability | ee to comp niliar with cument is company | oly with and ac being f has bee | the cept iled n |
| Si | en ntu | Tim Pratts, Special Secretary | , | | | | | |
| - • | | a | | | | | | |