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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086

Phone : (561)508-5033 Fax Number : (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. **

LLC REGISTERED AGENT CHANGE KHRG EMPLOYER, LLC

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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.

Name of the limited liability company: KHRG Employ			
(a) 222 KEARNY STREET, SUTTE 200	(b)	(b) 222 KEARNY STREET, SUITE 200	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
SAN FRANCISCO, CA 94108		SAN FRANCISCO, CA 94108	
04/28/2008	 M	108000001981	
Date of filing/registration in Florida	— _{4.} —	Document number	
(a) CORPORATION SERVICE COMPANY			
Registered Agent and Registered Office shown on the records of 1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET)		ept, of State:	
TALLAHASSEE, , F	L 32301		
United Agent Group Inc.			
Enter name of NEW Registered Agent and/or NEW Registere	d Office addre		
801 US Highway 1			
NEW Registered Office Address:			
North Palm Beach	L_33408		
limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited limited authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered of ability comp of the limited limited liab	office and the business office of the registered sany, it is hereby confirmed that the change(s) dliability company or as otherwise provided in lity company. Heitzman, Attorney-In-Fact	
nature of a member or authorized representative of a member		Printed or typed name of signee	
eby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	perjormanci d for in Chaj hereby confi	this capacity. I further agree to comply with ti e of my duties, and I am familiar with and acc oter 605, F.S. Or, if this document is being fil rm that the limited liability company has been	
Marie Heitzman, Special Secretary	Y		