Florida Department of State Etwisign of Compressions

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Division of Corporations

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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.

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LLC REGISTERED AGENT CHANGE THE INDUSTRIAL FUMIGANT COMPANY, LLC

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JUL 18 2022

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. N	ame of the limited liability company: The Industria	ıl Fumigant C	Company, LLC	<u>.</u>
2. (a)		(h)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited to (Note: MAY BE POST)	iability company:
	13420 W. 99th St		13420 W. 99th St	
	Lenexa, KS 66215		Lenexa, KS 66215	
	12/31/2009		M09000005125	
3.	Date of filing/registration in Florida	4.	Document number	
5 (0)	CORDOD ATION: CERTIFICE COMPANIE			
J. (8)	CORPORATION SERVICE COMPANY Registered Agent and Registered Office shown on the records of the	he Florida Dent o	f State:	
	No System 1.18 and 1/6 Barrier Office 300 All Office Leading 01 ft	ne monda Dept. o	i State.	
				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	1201 HAYS STREET			
		32301-2525		202
			-	FIL 2022 JUL 15
(b)	United Agent Group Inc.	·	· .	=======================================
	Enter name of NEW Registered Agent and/or NEW Registered 6	Office address:		
				ے۔ بست کے
				II :
	NEW Registered Office Address:			PH 12:
	_ 801 US Highway 1			ე6
				J .
	North Palm Beach , FL	33408		
Signat Signat I hereborovision oblito merelotifica	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liable and provided by an affirmative vote of the members of cless of organization or the operating agreement of the liable of a member or authorized representative of a member of a me	egistered officionility company, the limited liability Care e to act in this erformance of	e and the business office of it is hereby confirmed that bility company or as otherw company. of Pettine, Attorney-in-fa Printed or typed name of sice apacity. I further agree to my duties, and I am familia	the registered the change(s) vise provided in ct gree c comply with the
	Division of Corporations P.O. Be	ox 6327• Tails	ahassee, FL 32314	