7/12/2021



Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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JUL 1 4 2021

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Help

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.

) .	4111 E. 37th Street North		(b)	b) 4111 E. 37th Street North
, -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Wichita, KS 67220			Wichita, KS 67220
	02/16/2011			M11000000795
ı)	Date of filing/registration in Florida CTCORPORATION SYSTEM	4.	-	Document number
	Registered Agent and Registered Office shown on the records 1200 SOUTH PINE ISLAND ROAD	of the Flor	ida l	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	ZZ	Si
	PLANTATION ,	FL	'	
) .	United Agent Group Inc.			
	Enter name of NEW Registered Agent and/or NEW Registe	red Office	a d₫	21 JUL 13
	801 US Highway 1			
	NEW Registered Office Address:			PH
	North Palm Beach	FL ³³⁴⁰⁸		3 PM 2: 37
ge W	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member eless of organization or the operating agreement of the street of the street of the street organization or the operating agreement or th	laws of the register liability is of the l	re S erec con	e State of Florida, it is hereby confirmed that after the dedoffice and the business office of the registered company, it is hereby confirmed that the change(s) noted liability company or as otherwise provided in
	Chin Sight	E	rin S	n Saville, Attorney-In-Fact
eb sid bli re	ure of Adember of authorized representative of a member by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple gations of my position as registered agent as providity by reflect a change in the registered office address, I in writing of this change.	ite perfor ded for in	man ı Ch	ance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file