7/21/2021

## orida Department of State

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Account Name : UNITED AGENT GROUP INC.

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

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## LLC REGISTERED AGENT CHANGE

GEORGIA-PACIFIC WAREHOUSE HOLDINGS LLE

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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.

			IC WAREHOU	JSE HOLDINGS U	LC			
	me of the limited liability company: 133 Peachtree St NE, Atlanta, GA 30303			133 Peachtree St NE, Atlanta, GA 30303				
L. (a)	Principal office address of limited li (Note: MUST BE STREET A	ability company: 4DDRESS)	_ (5)	Mailing address (Note: MA)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	08/02/2012			000004380	<del></del>			
3. 5. (a)	Date of filing/registration is CT CORPORATION SYSTEM	n Florida	4.	Document r	number			
). ( <b>a</b> )	Registered Agent and Registered Office sho 1200 SOUTH PINE ISLAND ROAD		he Florida Dept.	of State:	<b>6</b>	~3		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				SECHT THAY OF STATE	2021 JUL 22		
	PLANTATION	, FL	33324		3388° 7. X		FILE	
(b)	UNITED AGENT GROUP INC.		<u>.                                    </u>		FLO	AH 9:		
	Enter name of <u>NEW Registered Agent</u> and 801 US HIGWAY 1	d/or <u>NEW Registered</u>	Office address:	·		07		
	NEW Registered Office Address:			<del></del>				
	NORTH PALM BEACH	, FL	33408	<u> </u>				
change agent v was/w	limited liability company is not organ e or changes are made, the Florida st will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	reet address of the Florida limited lia e of the members o	registered out bility compar f the limited l limited liabili	ny, it is hereby cor liability company	or as other	that th	e change(s)	
Signa	aure d'a member or authorized representativ	ve of a member		Printed or ty	ped name	of sign	ee	
provit the qb. to mer	by accept the appointment as registe ions of all statutes relative to the pro- ligations of my position as registered ely reflect a change in the registered a In writing of this change.	ered agent and agr oper and complete d agent as provided d office address, I k	ee to act in th pe <del>r</del> formance I for in Chapt sereby confirr	is capacity. I furt of my duties, and i er 605, F.S. Or, i n that the limited l	her agre I am fan f this do liability	ee to co miliar v cumen compo	omply with the with and accept it is being filed my has been	
Signan	Adia Myles, Sp	pecial Secretary						
	Division of Cor	rporations• P.O. I FILING F	Box 6327• Ti EE: \$25.00	allahassee, FL 32	314			