Florida Department of State Division of Corpora

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Division of Corporations

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From:

Account Name : UNITED AGENT GROUP INC.

Addount Number : I20160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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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.

	Same of the limited liability company:TruTech, Ll				
2. (a)	Principal office address of limited liability company:	(b)_	Mailing addr	ess of limited liability company:	
	(Note: MUST BE STREET ADDRESS)		(Note: Ma	AY BE POST OFFICE BOX	
	155 Woolco Dr.		155 Woolco Dr.		
	Marietta, GA 30062	Marietta, GA 30062		A 30062	
	11/27/2013		M130000075	21	
3.	Date of filing/registration in Florida	4.	Document		
5. (a)CORPORATION SERVICE COMPANY	,			
J. (L	Registered Agent and Registered Office shown on the records of		ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	1201 HAYS STREET				
	TALLAHASSEE , FI	32301	-2525	202	
				2022 JUL 15	
(b)		···	<u>.</u>		
	Enter name of NEW Registered Agent and/or NEW Registered	i Office addr	<u>e53</u> ;	- F	
				,	
	NEW Registered Office Address:	"		PH 12:	
	United Agent Group Inc.			. 02	
	Omited Agent Oroup me.			. •	
	North Palm Beach , FI	33408			
If the	limited liability company is not organized under the lav	ws of the St	ate of Florida, it is l	nereby confirmed that after the	
chang	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lit	registered	office and the busin	ess office of the registered	
was/v	vere authorized by an affirmative vote of the members of	of the limite	d liability company	or as otherwise provided in	
the ar	ficials of organization or the operating agreement of the				
Sign	Signature of a member or authorized representative of a member			Printed or typed name of signee	
I heri provis the ob to me.	eby accept the appointment as registered agent and agr sions of all statules relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I he	pertormano	this capacity. I fur	ther agree to comply with the I am familiar with and accept	
	Carol Pettine, Special Secretar	y			
अष्ट्राह	ure of Registered Agent				
,			AA		