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To:

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.

Email Address:

LLC REGISTERED AGENT CHANGE OMNITRACS, 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.

Florida	OMNITRACS	110	
	me of the limited liability company: ONTATHOO, 717 NORTH HARWOOD STREET	(b) 717 NORTH HARWOOD STREET	
2. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 1300	SUITE 1300	
	DALLAS, TX 75201	DALLAS, TX 75201	
	08/05/2014	M1400005595	
3.	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4. Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	he Florida Dept. of State:	
Parisher A Office Address (MUST BE FLORIDA STREET ADDRESS)			
	TALLAHASSEE,FL	32301-2525	
(b) United Agent Group Inc.			
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	11380 Prosperity Farms Road #221E	<u> </u>	
	NEW Registered Office Address:	ें भी	
	Palm Beach Gardens, FL	33410	
the ch agent was/v the as	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of organization or the operating agreement of the function of a member or authorized representance of a member obtained of a member of authorized representance of a member obtained of all statutes relative to the proper and complete oligations of my position as registered agent as provided in the reflect a change in the registered office address, I add in writing of this change.	ws of the State of Florida, it is hereby confirmed that after f the registered office and the business office of the registered lability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in	
Heria.	fure of Registered Apoli		
Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 FILING FEE: \$25.00			