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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

«PRICEWATERHOUSECOOPERS ADVISORY SERVICES LLC

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HAY 3 1 2023

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.	Na	me of the limited liability company: PRICEWATERH	IOUSEC	COOPERS ADVISORY SERVICES LLC			
2. (a)		300 Madison Avenue		(b) 300 Madison Avenue			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)			
		New York, NY 10017	- -	New York, NY 10017			
		04/28/2015		M15000003258			
3.		Date of filing/registration in Florida	4.	Document number			
5.	(a)	C T CORPORATION SYSTEM					
-	(,	Registered Agent and Registered Office shown on the records of t	Dept. of State:				
		1200 SOUTH PINE ISLAND ROAD					
		Registered Office Address (MUST BE FLORIDA STREET A	2				
		PLANTATION , FL	33324				
	(b)	United Agent Group Inc.		202:			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	2023 HAY 30			
		801 US Highway 1		သ ()			
		NEW Registered Office Address:	•	——— Р Ж			
				——— ယ			
		North Palm Beach FL	33408	<u> </u>			
ch ag wa	ange ent w is/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registered bility con f the limi imited lia	ed office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in itability company.			
		Tin Saville	Erin	n Saville, Attorney-In-Fact			
,	Signat	ure of a member or authorized representative of a member		Printed or typed name of signee			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Erin Saville, Special Secretary