## Florida Department of State

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Division of Corporations

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## LLC REGISTERED AGENT CHANGE AG CONNECTIONS, LLC

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AUG 0 3 2023

K. Brumbley

## 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. N	lame of the limited liability company: Ag Connections	s, LLC		<del></del> -			
2. (a)	111 POPLAR STREET		(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  STE. 212						mpany:
			STE. 212	<u> </u>		_	
	MURRAY, KY 42071		MURRAY, KY 42071				
	10/23/2015		M1500000	8608			
3.	Date of filing/registration in Florida	4.		Document nur	nber		
5. (a)	C T CORPORATION SYSTEM						
• ,	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	f the Flor	ida Dept. of Sta	ite:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	1551	_			
	PLANTATION, FI	L 33324	_	<del></del>		2023	
(b)	United Agent Group Inc.			_	三百万 百万	023 AUG	T A
	Emer name of NEW Registered Agent and/or NEW Registered	d Office	ddress:	<del></del>	03 <u>2.</u> 03.0	ြယ	E A R
	801 US Highway 1					PH	0 0 0 0 VEU
	NEW Registered Office Address:			_	2 <u>7</u>	5: 5 <b>8</b>	
	North Palm Beach	33408		-	•		
	, FL		_	-			
agent w	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of less of organization or the operating agreement of the	bility of the hi	red office and ompany, it is nited liability liability com	of the business of the the business of the bus	trice of the	registe	ered
Signatu	re of a member or authorized representative of a member		Marja Souza, Attorney-in-Fact  Printed or typed name of signee				
l hereby provisió the oblig to merel	v accept the appointment as registered agent and agrees of all statutes relative to the proper and complete protections of my position as registered agent as provided by reflect a change in the registered office address, I have pritting of this change.	ee to ac perform I for in tereby c	t in this capa vance of my d Chapter 605, onfirm that i	icity. I further a	igree to cor	nply w	ith the accept g filed Seen
Signature	office Agent	Ma	rja Souza,Sp	cial Secretary			