Division of Corporations



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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

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Email	Address:			

## LLC REGISTERED AGENT CHANGE PRICEWATERHOUSECOOPERS ADVISORY PRODUCT SALES LLC

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MAY 3 1 2023

K. Brumblat

## 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. Name of the limited liability		ame of the limited liability company:	pany: PRICEWATERHOUSECOOPERS ADVISORY PRODUCT SALES LLC					
2. (a) <u>30</u>		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:  (Note: MAY BE POST OFFICE BOX)			
		New York, NY 10017		-	New York, NY 10017			
		10/18/2016		_	M16000008311			
3.		Date of filing/registration in	Florida	4.	Document number			
5.	(a)	C T CORPORATION SYSTEM	Л					
J. (u)		Registered Agent and Registered Office show	Dept. of State:					
		1200 SOUTH PINE ISLAND F	ROAD					
		Registered Office Address (MUST BE F.	LORIDA STREET A	DDRESS)	1			
		PLANTATION	, FL_	33324	20231:XY 30			
		United Agent Group Inc.				•		
		Enter name of NEW Registered Agent and/	tress: ω					
		801 US Highway 1			<u> </u>	• • .		
		NEW Registered Office Address:			?: 3			
				~~~				
		North Palm Beach	FL_	33408				
ch ag wa	ange ent v is/wo	or changes are made, the Florida stre will be identical. Or, in the case of a F	et address of the r lorida limited liab of the members of	egistered pility con the limit	State of Florida, it is hereby confirmed that a doffice and the business office of the regist impany, it is hereby confirmed that the changited liability company or as otherwise providability company.	ered ge(s)		
		Tin Saville		Erin	Saville, Attorney-In-Fact			
_;	Signal	ure of a Inember 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