Florida Department of States

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Division of Corporations

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From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone

: (561)508-5033

Fax Number

: (561)694-1639

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(Brumbis)

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.

2 (
Z. I	a)	2021 McKinney Avenue	(b) 2021 McKinney 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) Suite 1150 Dallas, TX 75201		
		Suite 1150			
		Dallas, TX 75201			
		12/13/2019	<u>M19</u>	9000011913	
3.		Date of filing/registration in Florida	4.	Document number	
5. ((a)	Registered Agent Solutions, Inc.			
	. /	Registered Agent and Registered Office shown on the records of th	e Florida Depi	L of State:	
		2894 Remington Green Lane			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		Suite A			
		Tallahassee , FL_	32308		2023 HAY 18
		Halford Association and			
(1	٠,	United Agent Group Inc. Enter name of NEW Registered Agent and/or NEW Registered C	Yes address		
		Einer name of NEW Registered Agent and/or NEW Registered C	JIJIEE AQUEESS		
		801 US Highway 1		, .	AH II:
		NEW Registered Office Address:			11: 30
			 · · · ·		
		North Palm Beach , FL	33408		
chan agen was/ the a	ge t w we rtic	mited liability company is not organized under the laws or changes are made, the Florida street address of the re fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistered off ility compar the limited	fice and the business office of t ny, it is hereby confirmed that t liability company or as otherwi	he registered he change(s)
<u>Ra</u>	Cachal Coseph Signature of Smember or authorized representative of a member		Joseph, Attorney-in-Fact		
I he prov the o	reb isio bli ere	we of greenber or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pogations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change. Rachel Joseph Rachel Joseph, Special Secretary	e to act in th erformance for in Chapi reby confiri	Printed or typed name of sig iis capacity. I further agree to of my duties, and I am familiar er 605, F.S. Or, if this docume n that the limited liability comp	comply with the