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To:

Division of Corporations

Fax Number : (850)617-6380

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:

## REGISTERED AGENT CHANGE GAI WARRANTY COMPANY OF FLORIDA

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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p	provisions of sec	ctions 607.0502, 61 I for a corporation	7.0502, 60 organized	77.1508, or 617.1508, under the laws of the	Florida St State of <sup>11</sup>	<i>atutes, th</i> llinois	ris
siaiemeni oj criui in order	ige is suomittee to change its r	registered office or i	registered	agent, or both, in the	State of Fl	orida.	
1. The name of the		GAI WARRANTY					
2. The principal		301 E. 4TH ST. 15T	H FLOOR	CINCINNATI, OH 45	202		
z. The principal	OLLICC Address						
A 777 111	11 /75 1755	301 E. 4TH S	T, 15TH F	LOOR CINCINNATI,	OH 45202		
3. The mailing ac	•	03/23/2001		D 4 h	P0100003	0208	
		cation:			<del></del>		
<ol><li>The name and Florida Depart</li></ol>	street address timent of State:	of the current regist (If resigned, enter r	ered agent esigned)	and registered office	on file wit	h the	
	CT CORPORA	ation system					
	1200 S PINE I	SLAND RD					
	PLANTATION	N, FL 33324					
6. The name and (if changed):	street address	of the new registere	ed agent (it	changed) and for reg	istered offi	ce	
, + ,	United Agent	Group Inc.					
	801 US Highw						
	North Palm B	each, FL 33408	P.O. Box NO	T acceptable			
	/ / /	,		ress of the business of			
Such change was authorized by th	ns authorized by ne board, or the	y resolution duly a corporation has be	dopted by een notifie	its board of directors ed in writing of the cl	or by an on an ange.	officer so	)
	1 1/4		;	Matthew D Felvus by A	dia Myles,	Attorney-	-in-fact
-	re of an object/or di			Printed or types		ė	
I finish de como a s	to combinius destab	the projectove of a	ili cintuitoc	gree to act in this cap relative to the prope ion of my position as gistered office addre	ェイログ へつわ	olege per agent y confirm	formance Or, if this in that he
		/	(	)7/12 <b>/20</b> 21			=
Sig	nature of Registered	Agent	_	Da	(e	77	3
If signing on be	half of an entit	y:				الم الم	Æ ED
Adia Myles, Spo	ecial Secretary					18:0 17:1	7:
T	yped or Printed Nam	ne	•			\$100	56

\* \* \* FILING FEE: \$35.00 \* \* \*