Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000271992 3)))



H160002719923ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

1 (850)617-6380

Prom:

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:		

REGISTERED AGENT CHANGE KAMAN PRECISION PRODUCTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

ob-ct

Help S TALLENT

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

statement of cha	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508 tion organized under the laws of th e or registered agent, or both, in th	e State of Florida	 .
1. The name of	the corporation: Kaman P	recision Products, Inc. OLONIAL DR., ORLAN	IDO EL 32802	
2. The principal	office address: OOO L	OLONIAL DIT., OITEAN	100,1202002	
	address (if different): 1332 I MFIELD, CT 06002	BLUE HILLS AVE, C/O F		• · · · · · · · · · · · · · · · · · · ·
4. Date of incor	poration/qualification: 06/07	7/2002 Document number	P02000063498	<u> </u>
	d street address of the current rutinent of State: (If resigned, ex	egistered agent and registered offic ter resigned)	e on file with the	
	CT CORPORATIO	N SYSTEM	=	3 6
	C/O CT CORPORA	ATION SYSTEM		g a m
	1200 SOUTH PINE ISLA	AND ROAD, PLANTATION, F	L 33324	
6. The name and (if changed):		stered agent (if changed) and /or re	gistered office	ED 8 12:08
	United Agent Group	Inc.		
	11380 Prosperity F	arms Road #221E		, O
	Palm Beach Garde	O. Box NOT acceptable		
The street address changed will	ess of its registered office and I be identical.	the street address of the business	office of its registered ag	ent,
Such change wanthorized by the	as authorized by resolution du the board, or the corporation he	ly adopted by its board of director is been notified in writing of the c	s or by an officer so hange.	
().L	use of sarbificer or director		, Attomey-in-Fac	<u>t</u> ,S
I hereby accept I further agrée performance of	The appointment as registered to comply with the provisions (my dulies, and I am familiar	l agent and agree to act in this cap of all statutes relative to the prope with and accept the obligation of n ely to reflect a change in the regis notified in writing of this change.	pacity. er and complete ny position as registered	,
91	mature of Registered Agent	11/03/2016	ibs.	_
·	chalf of an entity:	טע	~	,
	arus, Special Secreta	rv		
	Typed or Printed Name	· <i>J</i>		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSBE, FL 32314 CR2E045 (03/12)