## 800005263

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(Business Entity Name)						
(Document Number)						
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R.A. Change 10/15/20

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT:	THE UNITED CIT (Name of	[[ES GROUP, ] Corporation)	NC. <b></b>				
	(1,42,110,01	oo.po.uo,					
DOCUMENT NUMBER:_	P08000	0005263	······································				
The enclosed Statement of C	hange of Registered Off	ice/Agent and fee are	submitted for filing.				
Please return all corresponde	nce concerning this mat	ter to the following:					
<del></del>		MARTINEZ					
	(Name of C	Contact Person)					
JEN PROFESSIONAL SERVICES INC. (Firm/Company)							
	(i iiiii	Company)					
5448 HOFFNER RD. SUITE 308							
	(A	ddress)					
ORLANDO, FL32812 (City/State and Zip Code)							
For further information conce	, ,	•					
\$44 DIA \$4	ADTINEZ	407	. 000 0555				
	ARTINEZ ntact Person)	at ( <u>407</u> (Area Code	) 933-8555 & Daytime Telephone Number)				
Enclosed is a \$35.00 check n	nade payable to the Dep	artment of State.					

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of char	nge is submitted for a	corporation organiz	607.1308, or 617.1308, ed under the laws of the ed agent, or both, in the	State of FLORIDA		
<del></del>	0		JNITED CITIES GF	·		
	•		5448 HOFFNER RD. SUITE 308			
	312					
3. The mailing ac	ddress (if different):_					
4. Date of incorp	oration/qualification	: JAN 15, 2008	Document number:	P08000005263		
		current registered age signed, enter resigned)	ent and registered office	on file with the		
		DONNA-MARIA	JOHNSON	<del></del>		
	147 /	ALHAMBRA CIRC	CLE SUITE 100			
		CORAL GABLES	S, FL 33134	2008 OCT SECRET		
6. The name and (if changed):	street address of the	new registered agent	(if changed) and /or reg			
		NANCY VILL	_AMIL	AN IO: 44 COF STATE EE. FLORID		
		06 EMERALD CO P.O. Box NOT acceptable)	DAST DR. #101	RDF ##		
		ORLANDO, FI	_ 32824			
The street addre	ss of its registered o be identical.	ffice and the street a	ddress of the business of	office of its registered agent,		
Such change wa authorized by th	s authorized by reso board, or the corp	olution duly adopted oration has been noti	by its board of director fied in writing of the cl	s or by an officer so hange.		
(Signatu:	re of an officer or director)		ANGEL CRU	JZ / PRESIDENT		
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as to comply with the pid I am familiar with ng filed merely to rebeen notified in wri	registered agent and rovisions of all statut and accept the oblig flect a change in the ting of this change.	agree to act in this cap es relative to the prope ation of my position as registered office addre	pacity. er and complete performance s registered agent. Or, if this ess, I hereby confirm that the		
(Signature of Registered Agent) (OCTOBER 1, 2008)						
	half of an entity:	, ,	(D	uto j		
Т	yped or Printed Name)					

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