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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086

Phone : (561)508-5033 Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for the urap annual report mailings. Enter only one email address please. The

Email Address:

## REGISTERED AGENT CHANGE ROLLINS, INC.

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A. BUTLER

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State unge is submitted for a corporation organized under the laws of the State of <u>D</u> e or to change its registered office or registered agent, or both, in the State of Flori	elaware	
1. The name of t	the corporation: Rollins, Inc.		
	office address: 2170 PIEDMONT ROAD NE. ATLANTA, GA 30324		
3. The mailing a	ddress (if different):	<b></b>	
	poration/qualification: 12/30/1985 Document number: P08555		
5. The name and	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	ie	
	THE PRENTICE-HALL CORPORATION SYSTEM, INC.		
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301	SEC:	2022
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	TAHAT.	022 JUL 15
-	United Agent Group Inc.		₽
-	P.O. Box NOT acceptable	STATE	50:1
-	North Palm Beach FL 33408	1.,	
The street addres	s of its registered office and the street address of the business office of its region identical.	istered a	gent,
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so	
	Of an officer or director  Carol Pettine, Attorney-in-fact Printed or hyper name and title		_
I hereby accept the I further agrice to of my duties, and document is being corporation has be	ne appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete I am familiar with and accept the obligation of my position as registered agel of the filed merely to reflect a change in the registered office address, I hereby conseen notified in writing of this change.	perform ht. Or, i nfirm tha	ance f this t the
Signat	Nure of Registered Agent 7/15/2022		_
If signing on beha	- V		
	Special Secretary ad or Printed Name		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)