6/17/2021

Florida Deparament of State 288 Division of Somerations Enternal Cover Sheet

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		Tc:	Division of Cor	porations	<u>.</u>
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	ထံ	-	Account Name	: ROETZEL & ANDRESS	1. 31. T.
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<u>6.7</u> 7.7	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email accress please.**			<u> </u>	
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REGISTERED AGENT CHANGE UMC OF THE UNITED STATES, INC

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

in orde	r to change its registered office or	organized under the laws of the State of FLORIE registered agent, or both, in the State of Florida.					
1. The name of t	he corporation: UMC OF THE UN	ITED STATES, INC					
2. The principal	office address: 1050 BORGHESE L	ANE, APT, 606, NAPLES, FL 34114					
4. Date of incorp	poration/qualification: 12/19/2018	Document number: P18000102868					
	street address of the current regist timent of State: (If resigned, enter r	ered agent and registered office on file with the esigned)					
	BRUTON, DAVID						
	14839 DOCKS IDE LANE	nen Joh 17 vallahassi					
	NAPLES, FL 34114	2021 JUST 17 PALLASKSSI					
6. The name and (if changed):	ed agent (if changed) and /or registered office						
	BRUTON, DAVID						
	1050 BORGHESE LANE, APT. 60	76	S S				
	P.O. Box NOT acceptable						
	NAPLES, FL 34114						
The street address changed will	ss of its registered office and the be identical.	street address of the business office of its regist	ered agent,				
		dopted by its board of directors or by an officer sen notified in writing of the change.	so				
DAM)	BRUTON	DAVID BRUTON, PRESIDENT					
Signatu	re of an officer or director	Printed or typed name and title					
of my dutiës, an document is bei	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept th ny filed merely to reflect a chang been notified in writing of this cl	ent and agree to act in this capacity. Il statutes relative to the proper and complete p he obligation of my position as registered agent, e in the registered office address, I hereby confi hange.	erformance . Or, if this rm that the				
Dalvid Brut	PN	6/16/2021					
Sig	nature of Registered Agent	Dae					
If signing on be	half of an entity:						
	: 67.10						
1	eped or Printed Name						

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