Torida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

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REGISTERED AGENT CHANGE CIG OMAHA, INC.

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Electronic Filing Menu Corporate Filing Menu

Help

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

statement of ch	ange is submitted for a	corporation organi:	. 607.1508, or 617.1508, Florida Sta Sed under the laws of the State of Flo Sed agent, or both, in the State of Flo	orida
	the corporation: CIG (ea agent. or com, in the state of 1 to	, iui.
2. The principal	office address: 2202 N	WEST SHORE BLV	D., 5TH FLOOR, TAMPA, FL 33607	
3. The mailing	address (if different)			
3. The mailing address (if different):				196
5. The name and		current registered ag	ent and registered office on file with	
	Kelly Lefferts			
	2202 N West Shore Bl	lvd., 5th Floor		202
	Tampa, Fl 33607			2024 JUL
6. The name and (if changed):	d street address of the t	new registered agent	(if changed) and /or registered office	ယ
	United Agent Group In	nc.		.: ن با
	801 US Highway I	_		<u> </u>
			NOT acceptable	
	North Palm Beach, FL	. 33408 		
Such change wa authorized by th	as authorized by resolute board, or the corporate		ddress of the business office of its report its board of directors or by an officed in writing of the change.	
Signatu	Myles To an officer or director		Adia Myles, Attorney-in-Fact Printed or typed name and title	
l hereby accept I furthér agree i of my duties, an locument is bei	the appointment as re	ovisions of all statute and accept the obliga- ect a change in the	agree to act in this capacity. es relative to the proper and comple ation of my position as registered a registered office address, I hereby o	ete performance gent. Or, if this onfirm that the
Adia W	lyles Mure of Registered Agent		7/31/2024	
Sig	Sture of Registered Agent		Date	
f signing on be	half of an entity:			
Adia Myles, Spec	cial Secretary			
T	ped or Printed Name			
		A A A DIE INCO DOO	## DO 4 4 4 4	

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