

P-35007  
Department of State  
Division of Corporations  
Accounting Cover Sheet

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.

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To: Division of Corporations  
Fax Number : (850)617-6380

From: 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  
COREPOINTE INSURANCE AGENCY, INC

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

C. BRUMBLEY  
JAN 18 2022

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Michigan  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CorePointe Insurance Agency, Inc.
2. The principal office address: 903 NW 65TH STREET, SUITE 300, BOCA RATON, FL 33487
3. The mailing address (if different): 800 SUPERIOR AVE E 21ST FL, CLEVELAND, OH 44114
4. Date of incorporation/qualification: 08/08/1991 Document number: P35007
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

United Agent Group Inc.  
801 US Highway 1  
P.O. Box NOT acceptable  
North Palm Beach, FL 33408

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Rachel Joseph  
Signature of an officer or director

Rachel Joseph, Attorney-in-Fact  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.*

Rachel Joseph  
Signature of Registered Agent

01/14/2022  
Date

If signing on behalf of an entity:

Rachel Joseph, Attorney-in-Fact  
Typed 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  
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