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.

(((H24000258090 3)))



H240002580903ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

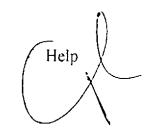
Email	Address:	

REGISTERED AGENT CHANGE OS MANAGEMENT, INC.

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

Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	inge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, n organized under the laws of the State of Florida	this
	the corporation: OS MANAGEME	r registered agent, or both, in the State of Florida. ENT. INC.	
		DRE BLVD., 5TH FLOOR, TAMPA, FL 33607	
3. The mailing a	iddress (if different):		
4. Date of incor	poration/qualification: 09/09/1999	Document number: P99000080166	
	d street address of the current registement of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	Kelly Lefferts		202
	2202 N West Shore Blvd., 5th Floo		2024 JUL 31
	Tampa, Fl 33607		<u>'ω</u>
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	卧 9:
	United Agent Group Inc.		30
	801 US Highway 1		
	North Palm Beach, FL 33408	P.O. Box NOT acceptable	
-		street address of the business office of its registe	
Such change was authorized by the	is authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer seen notified in writing of the change.	50
Adia 7		Adia Myles, Attorney-in-Fact	
l hereby accept I further agree i of my duties, an document is bei	the appointment as registered as o comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this c	Printed or typed name and title yent and agree to act in this capacity, all statutes relative to the proper and complete pe the obligation of my position as registered agent, ye in the registered office address, I hereby confir thange.	erformance Or if this m that the
Adia W	ly less Sature of Registered Agent	7/31/2024	
Sig	ature of Registered Agent	Date	
if signing on be	half of an entity:		
Adia Myles, Spec	cial Secretary	_	
T	ped or Printed Name		

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