

613240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

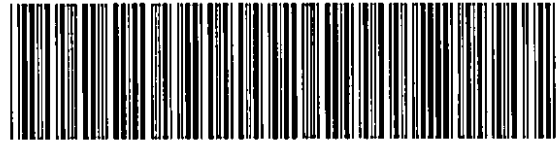
(Business Entity Name)

(Document Number)

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2018 AUG -6 P 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 08 2018  
T. LEBLANC

*Handwritten signature*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: United Group Programs, Inc.  
Name of Corporation

DOCUMENT NUMBER: 613240

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Branch

Name of Contact Person

United Group Programs

Firm/Company

2500 N Military Trail, Suite 450

Address

Boca Raton, FL 33431

City/State and Zip Code

sbranch@ugpinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Branch

Name of Contact Person

at ( 561 ) 869-4786

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2018

SHANNON BRANCH  
2500 N MILITARY TR STE 450  
BOCA RATON, FL 33431

SUBJECT: UNITED GROUP PROGRAMS, INC.  
Ref. Number: 613240

We have received your document for UNITED GROUP PROGRAMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent change document was not included.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 118A00014485

RECEIVED  
18 AUG -6 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: United Group Programs  
2. The principal office address: 2500 N Military Trail, Suite 450  
Boca Raton, FL 33431  
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 3/16/1979 Document number: 613240

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)

Robert Edelheit  
2500 N Military Tr, Suite 450  
Boca Raton FL 33431

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

James Cameron  
2500 N Military Tr, Suite 450  
P.O. Box NOT acceptable  
Boca Raton, FL 33431

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

[Signature]

Signature of an officer or director

Deborah Colson

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.

[Signature]

Signature of Registered Agent

8/1/18

Date

If signing on behalf of an entity:

JAMES CAMERON

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  
CR2E045 (03/12)