Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 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 INFOR PUBLIC SECTOR, INC.

Certificate of Status	0
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JUL 1 4 2021

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Electronic Filing Menu

Corporate Filing Menu

Help

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

•	provisions of sections 607.0502, 617.0		
	inge is submitted for a corporation org r to change its registered office or regi		
	2 2		
1. The name of t	the corporation: Infor Public Sector, Inc.		
2. The principal	office address: 4111 East 37th Street No	orth Wichita, KS 67220	
	4111 7 270 6-		
	ddress (if different): 4111 East 37th Str		
4. Date of incorp	poration/qualification: 09/11/2000	Document number: F00000	005075
	I street address of the current registered trnent of State: (If resigned, enter resigned)		with the
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		_
	PLANTATION, FL 33324		_ _
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered o	
	United Agent Group Inc.		- H
	801 US Highway 1		3 ATIL: 56 its registered agent,
	P.O. Box NOT acceptable P.O. Box NOT acceptable North Palm Beach, FL 33408		
	North Palm Beach, FL 33408		
The street addre as changed will	ess of its registered office and the stree be identical.	et address of the business office of	its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopt se board, or the corporation has been	ed by its board of directors or by a notified in writing of the change.	n officer so
_ Qu	Wille	Erin Saville, Attorney-In-Pact	title
I hereby accept I further agree to of my duties, and document is beil corporation has	the appointment as registered agent of the comply with the provisions of all stands and accept the of the first and accept the of the filled merely to reflect a change in the potified in writing of this change in the provision of the change in the change	••	
ا الأح	10 No 100	07/12/2021	
-/\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	nsture of Registered Agent	Date	
If signing on bel	half of an entity:		
Erin Saville, Spe	cial Secretary		
Ty	yped 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 (04/13)