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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

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REGISTERED AGENT CHANGE INFOR (CANADA), LTD. CORPORATION

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ZUZI

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607 ange is submitted for a corporation organized u fer to change its registered office or registered a	nder the laws of the State of Onta	urio
1 The name of	the corporation: INFOR (CANADA), LTD. COR	PORATION	
	1 office address: 4111 East 37th Street North Wich		
3. The mailing a	address (if different): 4111 East 37th Street North	Wichita, KS 67220	
		Document number: F1400000201	0
5. The name and Florida Depar	nd street address of the current registered agent a urtment of State: (If resigned, enter resigned)		
	C T CORPORATION SYSTEM		
	1200 S PINE ISLAND RD		
	PLANTATION, FL 33324		
6. The name and (if changed):	d street address of the new registered agent (if c	hanged) and /or registered office	
	United Agent Group Inc.		
	801 US Highway i		
	P.O. Box NOT a North Palm Beach, FL 33408	ccepable	
The street addre	ess of its registered office and the street addres	ss of the business office of its reg	istered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its he board, or the corporation has been notified	board of directors or by an officin writing of the change.	er so
- Cill	I falle Erin	Saville, Attorney-In-Fact	•••
Signitur	it of an officer or director	Printed or typed name and title	<u> </u>
I further agree to further agree to further agree to further agree to further	the appointment as registered agent and agre to comply with the provisions of all statutes re ad I am familiar with and accept the obligation ing filed merely to reflect a change in the regis s been notified in writing of this change.	e to act in this capacity. lative to the proper and complete i of my position as registered age tered office address, I hereby con	performance nt. Or if this nfirm that the
<u> </u>	udaulli	07/12/2021	
_	mature of Registered Agent	Date	
f signing on bel	chalf of an entity:		
Erin Saville, Spec	<u>·</u>		
Ту	yped or Printed Name		
•	* * * FILING FEE: \$35	5.00 * * *	

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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