

F904133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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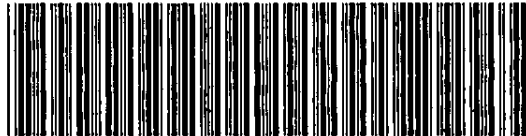
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R/ACng  
MAR 18 2016

R. WHITE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: UNITED DEVELOPMENT SYSTEMS, INC.  
Name of Corporation

DOCUMENT NUMBER: F 90433

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:

BRIAN CRISORIO  
Name of Contact Person

UNITED DEVELOPMENT SYSTEMS, INC.  
Firm/Company

17755 US HIGHWAY 19 N., SUITE 100  
Address

CLEARWATER, FL 33764  
City/State and Zip Code

BRIAN C @ UDSDEALERSERVICES.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN CRISORIO at ( 727 ) 507-8200  
Name of Contact Person 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

**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 DEVELOPMENT SYSTEMS, INC.
2. The principal office address: 17755 U.S. HWY 19 NORTH, SUITE 100  
CLEARWATER, FL 33764
3. The mailing address (if different): PO BOX 8150  
CLEARWATER, FL 33758
4. Date of incorporation/qualification: 07/13/1982 Document number: F90433
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)

RANDALL R CRISORIO

110 TURTLE CREEK CIRCLE

OLDSMAR, FL 34677

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

RANDALL R CRISORIO

2943 WENTWORTH WAY

P.O. Box NOT acceptable

TARPON SPRINGS, FL 34688

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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 of an officer or director

BRIAN P. CRISORIO - VP / CORP OFFER  
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 of Registered Agent

3-9-16

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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