Division of Corporations



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To:

Division of Corporations

Fax Number : (

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

mail Address:

REGISTERED AGENT CHANGE UNITED SOLUTIONS COMPANY

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COVER LETTER

TO:

Amendment Section Division of Corporations

Name of Corporation	· 1
DOCUMENT NUMBER: G19679	
The enclosed Statement of Change of Registered Office	ee/Agent and fee are submitted for filing
	_
Please return all correspondence concerning this matter	er to the following:
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please	call:
Mary Castillo	at (888) 705-7274
Name of Contact Person	at (888) 705-7274 Area Code & Daytime Telephon

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, inge is submitted for a corporati r to change its registered office	on organize	d under the la	ws of the State	of Florida
I. The name of t	the corporation: United Solu	tions Cor	npany	n, in the State (oj rioriaa.
	office address: 1585 SUMM ASSEE, FL 32317	IIT LAKE	DRIVE		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 1/21/19	983	Document	number: <u>G19</u>	679
	I street address of the current reg tment of State: (If resigned, ento		t and registere	ed office on file	
	NRAI SERVICES,	INC.			ES PL
	1200 SOUTH PINE ISLA	ND ROAL)		2022 JUN 10 SEGRETARA
	PLANTATION		FL	33324	SS Z
6. The name and (if changed):	d street address of the new regist	ered agent (i	f changed) an	d /or registered	്നഗ ത
	Registered Agent S	olutions	, Inc.		
	155 Office Plaza Dr.	•	Suite A		
	Tallahassee	P.O. Box NO	T acceptable 3230	1	
The street addre	ess of its registered office and the identical.	ne street add	lress of the bu	siness office o	f its registered agent,
Such change wa authorized by th	is authorized by resolution duly ne board, or the corporation has	adopted by been notific	its board of a	directors or by of the change.	an officer so
st James G		Ja	mes Giaco		President
hereby accept further agree to f my duties, an focument is bei	the appointment as registered to the appointment as registered to to comply with the provisions of d I am familiar with and accep ng filed merely to reflect a char been notified in writing of this	l all statutes t the obligat roe in the re	gree to act in relative to the	e proper and c ition as reviste	complete performance ered agent. Or, if this
Hode	angue of Registered Agent	_ (06/10/2022	Dute	
	half of an entity:				
	Assistant Secretary				
	oped or Printed Name	_			
	***FIL	ING FEE:	\$35.00 * * *		