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LLC REGISTERED AGENT CHANGE UNITY SOLUTIONS, LLC

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Help

| BOTH FOR LIMITED LIABILITY COMPANY | ICE OR REGISTERED AGENT OR |
|---|---|
| Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida. | i08, Florida Statutes, the undersigned limited er to change its registered office or registered |
| 1. Name of the limited liability company: | Unity Solutions, LLC |
| 2. (a) Principal office address of limited liability company | y: |
| (Note: MUST BE STREET ADDRESS) | 14004 Roosevelt Boulevard, Ste. 601H Clearwater, FL 33762 |
| (b) Mailing address of limited liability company: | |
| (Note: MAY BE POST OFFICE BOX) | 14004 Roosevelt Boulevard, Ste. 601H Clearwater, FL 33762 |
| 3/3/98 | L08000022168 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent; | D. Michael O'Leary |
| Registered Office Address: | 101 E. Kennedy Boulevard |
| | Suite 2700 Tampa, Florida 33602 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: | W Registered Office address: Manoj Patel |
| NEW Registered Office Address: | 14004 Roosevelt Sculevard |
| (MUST BE FLORIDA STREET ADDRESS) | Suite 601H Clearwater ,FL33762 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company | laws of the State of Florida, it is hereby lorida street address of the registered office icial. Or, in the case of a Florida limited |
| Signature of a member or authorized representative of a member | |
| Manoj Patel France or typed name of sinner | _ |
| I hereby accept the appointment as registered agent and a comply with the provisions of all stantes relative to the provisions of all stantes relative to the provision of all stantes relative to the part of an ignification of my possible to the policy of the configuration of the company address, I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to oper and complete performance of my duties, still as registered agent as provided by in rely reflect a change in the registered of the change. |
| Signature of Kentitered Agent | 75 P |
| Division of Corporations, P.O. Box 63 FILING FEE: \$ | 27, Tallahassee, FL 32314 |
| DMS18 (05/08) | rely reflect a change in the registered effect whas been notified in writing of this change. ARR 21 27, Tallahassee, FL 32314 25.00 (((H10000097766 3))) |
| | (((H10000091766 3))) |