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R. WHITE

## **COVER LETTER**

TO: Registration Section Division of Corporations									
SUBJECT: United Mentors LLC Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.								
Please return all correspondence concerning this matte	er to the following:								
Andrew J. Dona Name of Person	ldson								
United Mentors, LLC Firm/Company									
15757 Pines Blvd. Suite 185 Address									
Pembroke Pines, FL 3302 City/State and Zip Code	27								
Corporate a umenturs, com E-mail address: (to be used for future annual repo	ort notification)								
For further information concerning this matter, please	call:								
A. J. PonaldSon at (305) 209-8438  Name of Person Area Code & Daytime Telephone Number									
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314								
Enclosed is a check for the following amount:									
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy								

INHS18 (2/14)

## LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	me of the limited liability company:Unite	ed	Mentors,	LLC			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		15757 Mailing (Note	address of lines MAY BE F	nited liab	ility comp	-
	Pembroke Pines, FL 33028	<u> </u>	Suite 1. Pembroke		FL	330	27
	07/27/2012		L1200	0097	1360	0	
3. 5. (a)	Date of filing/registration in Florida  Janvion Brandon D.  Registered Agent and Registered Office shown on the records of the	4. ne Florida I		ment numb	er		
	Registered Office Address <u>MUST BE FLORIDA STREET AD</u> Suite 185			•		11 JU	<b></b>
(b)	Pembroke Pines , FL  Andrew J. Ponaldson Enter name of NEW Registered Agent and/or NEW Registered (				ABLAN LANGE OF SERVICE	<b>6</b> ** H: 93	
	15713 NW 3rd Street NEW Registered Office Address:					03	
	Pembrone Pines , FL	33	6028				
the cha agent w was/we the arti	mited liability company is not organized under the lawinge or changes are made, the Florida street address of to till be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ure of a member or authorized representative of a member	the regist bility con f the limit imited lia	ered office and on pany, it is here ed liability company bility company	the business by confirme pany or as  one one one one one one one one one on	s office ed that t otherwis  Son me of sign	of the man he chan se provi	egistered ge(s) ded in
provisi the obli to mere notified	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete projections of my position as registered agent as provided by reflect a change in the registered office address. I had in writing of this change.  The of Registered Agent	ee to act i performan I for in Cl ereby con	n this capacity. nce of my duties napter 605, F.S. nfirm that the lin	I further a , and I am j Or, if this nited liabili	gree to Gamiliar docume ity comp	comply with an ent is be pany has	with the ad accept ing filed a been