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TO: Registration Section Division of Corporations	•
SUBJECT: United Cure LLC	
Name o	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Jeffrey Pohlig	
Name of Person	
United Cure LLC	
Firm/Company	
7907 Lake Waunatta Drive	
Address	
Winter Park, FL 32792	
City/State and Zip Code	
jeffrey.pohlig@gmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
Jeffrey Pohlig	407 949-7029 at ()
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 an	nount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

1. N	ame of the limited liability company: UNITED CURE	LLC	
2. (a)	United Cure LLC	(b	United Cure LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7907 Lake Waunatta Drive		7907 Lake Waunatta Drive
	Winter Park, FL 32792	-	Winter Park, FL 32792
	12/24/2018		L18000293258
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS	, INC.	
J. (a)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	<u> </u>
	5575 S. SEMORAN BLVD, SUITE 36		
	ORLANDO 5. 3	2822	2015
	FL , FL	2022	
(E)	Jeffrey Pohlig		· . —
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			dress:
	NEW Registered Office Address:		.35
	7907 Lake Waunatta Drive		
	Winter Park3	2792	
Signal I here provise the object to mer notification.	limited liability company is not organized under the laws ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability and the case of a Florida limited liability and the organization of the operating agreement of the liability of a member of anotherized representative of a member why accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete polications of my position as registered agent as provided rely reflect a change in the registered office address, I have a complete the change of this change.	he regis bility co the lim imited l Jeff e to act	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in iability company. Frey Pohlig Printed or typed name of signce In this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accent