

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 Phone : (561)508-503:

Phone : (561)508-5033

Fax Number : (561)694-1639

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

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LLC REGISTERED AGENT CHANGE

ADHERIS, LLC

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Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OF REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Platutes, 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. Na	ame of the limited liability company: Adheris, LLC	: 				
2. (a)	470 ATLANTIC AVE		470 ATLANTIC AVE			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 .: ·	Hell M	ailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)		
	BOSTON, MA 02210	_	возто	N, MA 02210		
	04/18/2006	_	M0600000	02223		
3.	Date of filing/registration in Florida	_]	Document πumber		
5. (a)	CORPORATION SERVICE COMPANY			ج الأولى: م		
v. (.)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Flor	ida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>22</u>			
	TALLAHASSEE , FL	3230	11-2525	A 20		
(b)	United Agent Group Inc.		?			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	7 0		
	11380 Prosperity Farms Road #221E			0		
	NEW Registered Office Address:		:			
	Palm Beach Gardens	3341	0			
the changent was/we the arti	Imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization of the operating agreement of the	ws of the reability of the limite	he State of Flor gistered office company, it is imited liability d liability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
_	ture of a member in authorized representative of a member			Printed or typed name of signee		
I herei provisi the obl to meri potified	by accept the appointment as registered agent and appoints of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I did not be the complete of this change.	perfor d for it hereby	net by this capa mailte of his d n Cimpter 605, confirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is heing filed he limited liability company has been		
	Danielle Goseman, Special Se					
e i Burun	to or tarking a Wheth					

Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 FILING FEE: \$25.0%