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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000386

Phone : (561) 508 13 033 7

Fax Number

: (561)694-±639

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

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LLC REGISTERED AGENT CHANGE INC RESEARCH, LLC

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

199

:¢.

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: INC Research,	, LLC			
2. (a)	3201 BEECHLEAF CT, STE 600	ſb	(b) 3201 BEECHLEAF CT, STE 600		
, , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	RALEIGH, NC 27604	-	RALEIGH, NC 27604		
	05/06/2011	-	1000	0002330	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	CORPORATION SERVICE COMPANY		£		
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1201 HAYS STREET				
	Registered Office Address (MUST BE FLORIDA STREET AL	<u>DDRESS</u>	<u>्रम</u> ्		
	TALLAHASSEE FL 3	32301-	2525		
(b)	United Agent Group Inc. Enter name of NEW Registered Agent and/or NEW Registered O	Office ado	iress:	APR 20 A	
	11380 Prosperity Farms Road #221E			THE TENT	
	NEW Registered Office Address:			- Right 0	
	Palm Beach Gardens, FL3	33410		_	
the cha agent v was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	the regis bility co f the lim	ntifed offi mpany, it ited liabil	co and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
		Dar	nielle Go	ssman, Attorney-in-Fact	
Signa	ture of a member or authorized representative of a member	,-,-,,-		Printed or typed name of signee	
I here provisi the obl to mer notified	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ally reflect a change in the registered office address, I he d in writing of this change.	e to act performa for in C ereby co	in this ca gif e, of m De Dier 60 or, irm tha	pacity. I further agree to comply with the y dutles, and I am familiar with and accept)5, F.S. Or, if this document is being filed it the limited liability company has been	
	Danielle Gossman, Special	Secret	агу		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent