

M110000002330

Florida Department of State
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)508-5033
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.

Email Address: _____

18 NOV 16 AM 8:52
RECEIVED
FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INC RESEARCH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2018 NOV 16 AM 11:20

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: INC Research, LLC

Enter new principal office address, if applicable: 1030 Sync Street

(Principal office address

MUST BE A STREET ADDRESS)

Morrisville, NC 27560

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1030 Sync Street

Morrisville, NC 27560

2. The Florida document number of this limited liability company is: M11000002330

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/06/2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

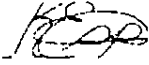
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CFO</u>	<u>RUSH, GREGORY S</u>	<u>3201 BEECHLEAF CT, STE 600</u>	<input type="checkbox"/> Add
		<u>RALEIGH, NC 27604</u>	<input checked="" type="checkbox"/> Remove
<u>CFO</u>	<u>RUSH, GREGORY S</u>	<u>1030 Sync Street</u>	<input checked="" type="checkbox"/> Add
		<u>Morrisville, NC 27560</u>	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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 STATE OF ALABAMA
 DEPT. OF REVENUE
 FILED

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

Kristen Espinales, Attorney-in-Fact

 Typed or printed name of signee