

01/09/2019

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M110000002330

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.
Account Number : 120160000086
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: _____

19 JAN -9 AM 8:55
RECEIVED
FLORIDA

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

Certificate of Status	0
Certified Copy	0
Page Count	2506
Estimated Charge	\$25.00

DEC 10 2019

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

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2019 JAN 10 10:00

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: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

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: Syneos Health, LLC

(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.

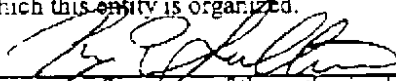
If Changing Registered Agent, Signature of New Registered Agent

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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

Ryan Sullivan, Special Manager

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

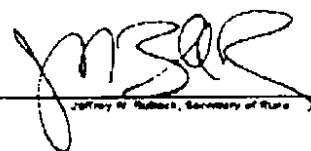
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "INC RESEARCH, LLC",
CHANGING ITS NAME FROM "INC RESEARCH, LLC" TO "SYNEOS HEALTH,
LLC", FILED IN THIS OFFICE ON THE SECOND DAY OF JANUARY, A.D.
2019, AT 10:43 O'CLOCK A.M.

19 JAN -9 AM 8:55
LED
OFFICE OF STATE
SECRETARY, FLORIDA



2656930 8100
SR# 20190008887

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202002724
Date: 01-02-19

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF FORMATION
OF
INC RESEARCH, LLC

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:43 AM 01/02/2019
FILED 10:43 AM 01/02/2019
SR 20190008887 - File Number 2656930

1. The name of the limited liability company is INC Research, LLC (the "Company").
2. The Certificate of Formation of the Company is hereby amended by deleting item FIRST of the Certificate of Formation in its entirety and substituting the following therefor:

"FIRST. The name of the limited liability company is Syneos Health, LLC."
3. This Certificate of Amendment of the Certificate of Formation shall be effective upon its filing with the Secretary of State of the State of Delaware.

[signature page follows]

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment
of the Certificate of Formation this 2nd day of January, 2019.

INC RESEARCH, LLC

By:  _____

Name: Purvesh D. Patel

Title: Director