

M110000002330

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H19000007293 3))



H190000072933ABC

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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  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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

Certificate of Status	0
Certified Copy	0
Page Count	2306
Estimated Charge	\$25.00

DEC 10 2019  
A. LUNT

2019 JAN 09 14:03

# 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

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

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

\_\_\_\_\_

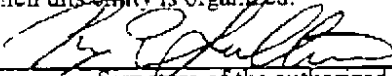
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<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
_____	_____	_____	<input checked="" 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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 9 JAN 9 AM 8:55  
 SECRETARY OF STATE

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  
 DEPT. OF STATE  
 DELAWARE



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

2656930 8100  
 SR# 20190008887

Authentication: 202002724  
 Date: 01-02-19

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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 2019000887 - 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