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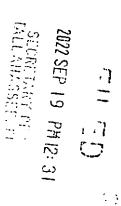
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COVER LETTER .

Division of Corporations	
UCMS, LLC SUBJECT:	
Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Jennifer Agee	
Name of Person	
UCMS, LLC	
Firm/Company	
5490 Lee St.	
Address	
Lehigh Acres, FL 33971	
City/State and Zip Code	·
E-mail address: (to be used for future annual rep	oort notification)
For further information concerning this matter, please	
Wesley T. Dunaway, Esq.	407 603-6652
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	ent:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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

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. 1	Name of the limited liability company:	S.LLC			
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
	02/07/2014		M1(4000000908		
3.	Date of filing/registration in Florid KOVAR LAW GROUP, PLLC	da 4.	Document number	f	
5. (a	Registered Agent and Registered Office shown on the 6617 Gulfport Blvd. S.	he records of the Florida	Dept, of State:		
	Registered Office Address (MUST BE FLORIE	DA STREET ADDRESS)	!		
	South Pasadena	, FL_33707		20: TAL	
d)	Enter name of <u>NEW Registered Agent</u> and or <u>NEW</u>	W Registered Office ado	tress.	ROZZ SEP 19 P	
	NEW Registered Office Address:			75	
	1045 9th Ave. N.			D PH 12: 31	
	St. Petersburg	FL		•	
char ager was the a <u>Jens</u>	e limited liability company is not organized unge or changes are made, the Florida street adent will be identical. Or, in the case of a Florid/were authorized by an affirmative vote of the articles of organization or the operating agrees wifer Agee. In the property of a member or authorized representative of a member of a member of authorized representative of a member of a member of authorized representative of a member of authorized represe	dress of the registere la limited liability core members of the limited limite	d office and the business offermpany, it is hereby confirmed ited liability company or as o lability company. Ifer Agee Printed or typed nan	that the change(s) therwise provided in	
prov the c to m	reby accept the appointment as registered ag visions of all statutes relative to the proper an obligations of my position as registered agent perely reflect a change in the registered office fied in writing of this change.	ent and agree to act d complete performe as provided for in C address, I hereby co	in this capacity. I further ag mee of my duties, and I am fa hapter 605, F.S. Or, if this a afirm that the limited liability	ree to comply with the miliar with and accept locument is being filed a company has been	
, .	ley T. Dunaway, Eig. Korne Law Group				
Sign	nature of Registered Agent				