

Division of Corporations

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MIS000002416

Florida Department of State
Division of Corporations
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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

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TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
INVENTIV HEALTH CLINICAL RESEARCH SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

4/23/18 DS

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. Name of the limited liability company: inVentiv Health Clinical Research Services, LLC
2. (a) 1951 NW 7TH AVENUE
Principal office address of limited liability company: MIAMI, FL 33131
(Note: MUST BE STREET ADDRESS)
- (b) 470 ATLANTIC AVENUE
Mailing address of limited liability company: BOSTON, MA 02210
(Note: MAY BE POST OFFICE BOX)
3. 04/01/2015
Date of filing/registration in Florida
4. M15000002418
Document number
5. (a) CORPORATION SERVICE COMPANY
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 ADDRESS)
TALLAHASSEE, FL 32301-2525
- (b) United Agent Group Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
11380 Prosperity Farms Road #221E
NEW Registered Office Address:
Palm Beach Gardens, FL 33410

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Danielle Gossman, Attorney-in-Fact

Printed or typed name of signer

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.

Danielle Gossman, Special Secretary

Signature of Registered Agent

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

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2018 APR 20 A 10:01
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TALLAHASSEE, FLORIDA