Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	-
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LLC REGISTERED AGENT CHANGE **UWORLD, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

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MAY 22 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: UWorld, LLC	
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Mary Castillo	
Name of Person	data-acceptions
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	,,
Austin, TX 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease cail:
Mary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Numbe
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	nount:
□ \$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.

I. Name of the limited liability company: UWorld	d, LLC
2. (a) 9111 CYPRESS WATERS BLV	D., (b) 9111 CYPRESS WATERS BLVD.,
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
STE 300	STE 300
COPPELL, TX 75019	COPPELL, TX 75019
6/14/2019	M19000006107
3. Date of filing/registration in Florida 5. (a) CT CORPORATION SYS	4. Document number
Registered Agent and Registered Office shown on the record	ND ROAD 트를
PLANTATION (b) Registered Agent Solution	IS, Inc.
Enter name of NEW Registered Agent and/or NEW Regist 155 Office Plaza Dr.	tered Office address:
NEW Registered Office Address: Suite A	
Tallahassee	, FL 32301
the change or changes are made, the Florida street address	the laws of the State of Florida, it is hereby confirmed that after ss of the registered office and the business office of the registered ed liability company, it is hereby confirmed that the change(s) eers of the limited liability company or as otherwise provided in the limited liability company.
s/ Ravi Pemmasani	Ravi Pemmasani Manager
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compute obligations of my position as registered agent as proto merely reflect a change in the registered office address notified in writing of this change. Mackenzie Hart, Asst. Secreta:	d agree to act in this capacity. I further agree to comply with the pleie performance of my duties, and I am familiar with and accept wided for in Chapter 605, F.S. Or, if this document is being filed ss, I hereby confirm that the limited liability company has been
Signature of Registered Agent	<u>-</u>