

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

m1900008576

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((H21000275001 3)))



H210002750013ABCS

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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

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

Email Address: _____

LLC REGISTERED AGENT CHANGE

HUMAN AND SOCIAL SERVICES RISK PURCHASING GROUP, LLC

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

RECEIVED
2021 JUL 19 AM 9:58
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July 19, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HUMAN AND SOCIAL SERVICES RISK PURCHASING GROUP, LLC
6725 MIAMI AVENUE, STE 102
MADEIRA, OH 45243US

SUBJECT: HUMAN AND SOCIAL SERVICES RISK PURCHASING GROUP, LLC
REF: M19000008576

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The fax audit page you have submitted is for a Corporation not an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H21000273202
Letter Number: 921A00016515

**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

HUMAN AND SOCIAL SERVICES RISK PURCHASING GROUP, LLC

1. Name of the limited liability company: _____
6725 MIAMI AVENUE, STE 102, CINCINNATI, OH 45243

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

09/05/2021

M19000008576

3. Date of filing/registration in Florida 4. Document number
CT CORPORATION SYSTEM

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 SOUTH PINE ISLAND ROAD

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

PLANTATION 33324
_____, FL _____

UNITED AGENT GROUP INC.

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

801 US HIGHWAY 1

NEW Registered Office Address:

NORTH PALM BEACH 33408
_____, FL _____

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TALLAHASSEE, FLORIDA

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.

Adia Myles, Attorney-in-fact

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 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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00