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Division of Corporations

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From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033 : (561)694-1639 Fax Number

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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.

Na	me of the limited liability company:	OLOGY S	DLUTION.	S LLC		
(a)	THREE RAVINIA DRIVE, STE. 100		(b) THRE	Œ RAVINIA DRIVE, STI	E. 100	
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			-
	ATLANTA, GA 30346		ATLA	NTA, GA 30346		
	03/25/2020		 M20000	0003300		
	Date of filing/registration in Florida	4.		Document number		
(۵)	CORPORATION SERVICE COMPANY					
(a)	Registered Agent and Registered Office shown on the record	is of the Flor	ida Dept. of	State:		
	1201 HAYS STREET					
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE	<u>\$\$)</u>		202	
					2020 DEC	
	TALLAHASSEE,	32301	<u></u>		<u>, </u>	
	·	, FL			ΐ	
(b)	United Agent Group Inc.				3	
	Enter name of NEW Registered Agent and/or NEW Regist	ered Office	ddress:		9+ :0I HV	
	801 US Highway 1				94	
	NEW Registered Office Address:					
	North Paim Beach	, FL ³³⁴⁰⁸	<u> </u>			
nge nt w	mited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of	e laws of the registed liability ers of the limited	ered office company, imited liab l liability	e and the business office it is hereby confirmed to oility company or as other	of the register hat the change	ed (s)
gnat	ure of a member or authorized representative of a member			Printed or typed name t	of signee	
arıl	by accept the appointment as registered agent and compositions of all statutes relative to the proper and composition as registered agent as provity reflect a change in the registered affice address	agree to a lete perfor vided for it s. I hereby	ct in this o mance of t Chapter confirm t	capacity. I further agree my duties, and I am fam 605, F.S. Or, if this doc hat the limited liability o	e to comply wit iliar with and c ument is being company has be	th t acc fil een

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

Signature of Registered Agent

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