N0100003794

(Re	equestor's Name)	
(Ac	idress)	
(Ad	Idress)	
	·	
(Cit	y/State/Zip/Phone	÷#)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: UNITED FINANCIAL SYSTEMS, THE. (Name of corporation)
DOCUMENT NUMBER: NO100003794
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES J. DOUGHERTY, ESQ. (Name of person)
(Name of firm/company)
23123 STATE ROAD SEVEN SUITE 340 (Address)
Boca Rates FL 33428 (City/state and zip code)
For further information concerning this matter, please call:
Tames J. Dougnestry at (561) 882-2398 ext. 324 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

É "

Pursuant to the provision	ms of sections 607.050.	2, 6Ī7.0502, 607.1	508, or 617.1508, I	Florida Statutes,	
this statement of change	•	· — •		-	
	order to change its reg	gistered office or re	egistered agent, or b	ooth, in the State	
of Florida. 1. The name of the corpo	pration: [] []		Exercise a series	LAIC	
					-
2. The principal office ac	•		·	340	
	BOCA RA	TON, FL 33	428		_
3. The mailing address (i	f different): Same			<u> </u>	<u>.</u> . ,
			<u> </u>	·	<u></u>
4. Date of incorporation/	qualification: 5/3/	/or Doc	ument number: 🖊 🗸	100000 37	94
5. The name and street ac	_	ristered agent and re	egistered office on fi	le with the	
Florida Department of	State:	-		7 DE	inate of the same
	ANTHONY G. C	ALEMAN, JF	<u> </u>		1 1
	23123 SR7	SUITE 34	0	388 77 2	i di di di di di
	BOCA RATON,	EL 33425	3	. 유학 골	
6. The name and street	•			istered an ffice of if	0
changed):				- F	
	James J. D.	OVEHERTY, &	5 હ	-	
2	3123 SR 7 (P.O. Box or persons	al mailbox NOT acceptable	<u> </u>	-	- 12
	BOCA RATEN,	FL 33428	· 	-	
The street address of its agent, as changed will be	registered office and the identical.	e street address of	the business office	of its registered	
Such change was author authorized by the board,	ized by resolution duly or the comoration has	adopted by its boa been notified in wi	rd of directors or by riting of the change.	an officer so	
(Signature of an officer, chairman of	vice chairman of the board)	CHRISTOPI (Printe	HER BOULAHON and title)	5, CHAIRMA	NOF TO
I hereby accept the appo I further agree to compl performance of my dutie registered agent. Or, if office address, I hereby	ointment as registered a y with the provisions of as, and I am familiar wi this document is being j confirm that the corpor	all statutes relatives the confidence of the con	e to the proper and obligation of my pos ect a change in the	complete ition as registered	
If signing on behalf of an ent	ity:	-			
(Typed or Prin	ted Name)		(Capacity)		, .

* * * FILING FEE: \$35.00 * * *