

P99000109022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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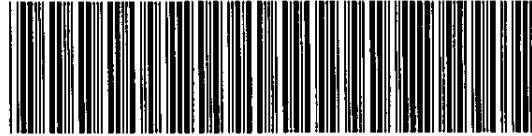
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2015 AUG 19 PM 4:33

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AUG 19 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNITED SOLUTIONS GROUP, INC.
Name of Corporation

DOCUMENT NUMBER: P99000109022

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:

Jaime Ammons

Name of Contact Person

United Solutions Company

Firm/Company

1585 Summit Lake Drive

Address

Tallahassee, FL 32317

City/State and Zip Code

accounting@unitedsolutions.coop

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaime Ammons

Name of Contact Person

at (850) 942-9186 x6503

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 AUG 19 AM 11:26

July 30, 2015

JAIME AMMONS
UNITED SOLUTIONS COMPANY
1585 SUMMIT LAKE DRIVE
TALLAHASSEE, FL 32317

SUBJECT: UNITED SOLUTIONS GROUP, INC.
Ref. Number: P99000109022

We have received your document for UNITED SOLUTIONS GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 415A00016048

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UNITED SOLUTIONS GROUP, INC.
2. The principal office address: 1585 SUMMIT LAKE DRIVE, 2ND FLOOR
TALLAHASSEE, FL 32317
3. The mailing address (if different): P.O. BOX 5887
TALLAHASSEE, FL 32314
4. Date of incorporation/qualification: 12/17/1999 Document number: P99000109022
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

F. PALMER WILLIAMS

2010 DELTA BLVD.

TALLAHASSEE, FL 32303

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

UNITED SOLUTIONS

1585 SUMMIT LAKE DRIVE, SUITE 300

P.O. Box NOT acceptable

TALLAHASSEE, FL 32317

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Denise L. Zuehlke
Signature of an officer or director

Denise Zuehlke, CFO

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Jaime Ammons
Signature of Registered Agent

07/22/15

Date

If signing on behalf of an entity:

Jaime Ammons

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 AUG 19 PM 4:33