

B18000000269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

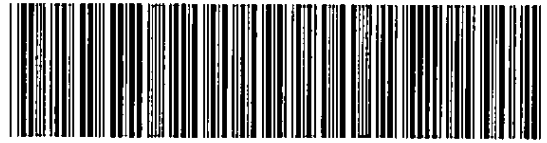
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

SEP 10 2021

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UNISEARCH, INC.

1990 MAIN STREET, SUITE 750-709, SARASOTA, FL 34236

8/25/2021

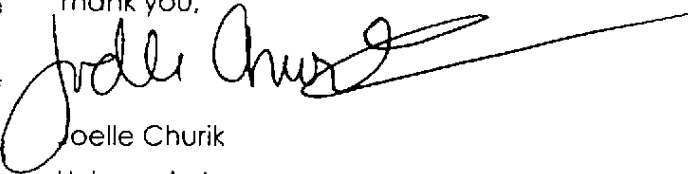
**SECRETARY OF STATE OF FLORIDA
DIVISION OF CORPORATIONS
THE CENTRE OF TALLAHASSEE
2415 NORTH MONROE
SUITE 810
TALLHASSEE, FL 32303**

RE: Unisearch Change of Address

To Whom it May Concern:

Enclosed please find the applications to change the registered agent address on behalf of Unisearch, Inc. for entities that have appointed Unisearch as agent. (More applications will be forwarded in a separate package for the remaining entities). Also enclosed is check # 1043 for \$3,760. Should you have any questions, please contact me at the below number.

Thank you,



Joelle Churik
Unisearch, Inc.
1990 Main Street, Suite 750-709
Sarasota, FL 34236

888-617-4478

joelle.churik@unisearch.com

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TALLAHASSEE, FL

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ANCHOR LOANS, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/01/2018

Date of filing/registration in Florida

3. B18000000269

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

UNISEARCH, INC.

Name

155 OFFICE PLAZA DR.

Address

TALLAHASSEE, FL 32301

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

UNISEARCH, INC.

Name

1990 MAIN STREET, SUITE 750-709

Florida street address (P.O. Box not acceptable)

SARASOTA FL 34236

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner

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.

Joelle Churik
Signature of Registered Agent

Joelle Churik, Asst. Secretary

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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