F15000002937

Office Use Only



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A. RAMSEY NOV -16 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/15/2023			
Name:	Xavian Bro	wn		
	Mark Th			
):		arch, Inc.	
	es of Incorporation/			ss
Ame	ndment			
✓ Char	ige of Agent			
Reins	statement			
☐ Conv	version			
☐ Merg	er			
☐ Disso	olution/Withdrawal			
☐ Fictit	ious Name			
☐ Othe	r			
Authorized /	Amount:	\$25.00		
Signature: _	×Pm-			

F: 800.944.6607

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Unisear	ch, Inc.	
Name of Corporation		
DOCUMENT NUMBER:	F15000002937	
The enclosed Statement of Change of Registered O	Office/Agent and fee are sui	bmitted for filing.
Please return all correspondence concerning this m	atter to the following:	
	_	
Mark Thomas		
Name of Contact Person	-	
COGENCY GLOBAL INC.		
Firm/Company		
212 S. Tryon Street, Suite 1000	<u></u>	
Address		
Charlotte, NC 28281		
City/State and Zip Code	0	_
¥ •	anges@cogencyglobal.co	<u>m</u>
E-mail address: (to be used for future annual r	eport nouncation)	
For further information concerning this matter, ple	ease call:	
Mark Thomas	at (866)	775-0114
Name of Contact Person	Area Code & I	Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the D		
Mailing Address: Amendment Section	Street Address:	_
	Amendment Section Division of Corpora	
Division of Corporations	interest to the corporation of corboration	auviis

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Tallahassee, FL 32314

P.O. Box 6327

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

. The name of the corporation:		Unisearch, Inc.			
2. The principal office address:	1780 BARNES BLVD SW, TUMWATER, WA, 98512-0410				
3. The mailing address (if different):					
4. Date of incorporation/qualification:	07/06/2015	Document number:	F15000002937		
5. The name and street address of the confidence of the confidence of State: (If resignation of State: (If resignation)	urrent registered age med, enter resigned)	ent and registered office on t	file with the		
FLORID	A FILING & SEARC	CH SERVICES, INC			
	155 OFFICE PLA	ZA DRIVE			
	TALLAHASSEE, FL 32301				
6. The name and street address of the n (if changed):	ew registered agent	(if changed) and /or registe	red office		
	Cogency Glob	pal Inc.			
1	15 North Calhoun S	Street, Suite 4			
	P.O. Box 1	NOT acceptable			
	Tallahassee, Flor	rida 32301			
The street address of its registered off as changed will be identical.					
Such change was authorized by resolutionized by the board, or the corporation	ution duly adopted ration has been noti	by its board of directors or ified in writing of the chan	by an officer so ge.		
HUMAN DOWN	vide -	Wendy Burb	idge, SVP		
Signature of ab officer of sirector	_				
I hereby accept the appointment as re I further agree to comply with the pro of my duties, and I am familiar with a document is being filed merely to refl corporation has been notified in white	egistered agent and ovisions of all statu- and accept the oblig legt a change in the ing of this change.	agree to act in this capact tes relative to the proper a zation of my position as ret registered office address,	ity, nd complete performanc gistered agent. Or, if th I hereby confirm that th		
141.001		11/10/	2023		
Signature of Registered Agent		Date			
If signing on behalf of an entity:					
Cogency Global Inc.					
Typed or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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