Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future $\stackrel{=}{\sim}$ annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE UNANET, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

(((H21000015644 3)))

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

statement of cha	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of VIRGINIA
		registered agent, or both, in the State of Florida.
I. The name of	the corporation: UNANET, IN	C
2. The principal office address: 22970 Indian Creek Drive Suite 200 Dulles, VA 20166		
_	address (if different):	
4. Date of incor	poration/qualification: 3/28/201	6 Document number: F16000001449
	d street address of the current regista rtment of State: (If resigned, enter re	ered agent and registered office on file with the essigned)
	NRAI SERVICES, INC.	SF 1001
	1200 SOUTH PINE ISLAND	ROAD
	PLANTATION, FL 33324	
6. The name and (if changed):	d street address of the new registere	ROAD d agent (if changed) and for registered office
	Capitol Corporate Services, Ir	nc.
	515 East Park Avenue 2nd Fl	
		O. Box NOT acceptable
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of its registered agent,
Such change wanthorized hy	as authorized by resolution duly ac he hoard, or the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.
Gn	g Guldur	Greg Guelcher
	HILL WRitter or director	Printed or typed name and title
oj my aunes, ar aocument is be	the appointment as registered ago to comply with the provisions of a nd I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ent and agree to act in this capacity, il statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this is in the registered office address, I hereby confirm that the lange.
Delanie	Case	1/12/2021
Sig	posture of Registered Agent	Date
If signing on be	ehalf of an entity:	
Delanie Ca	se, Assistant Secretary	
ī	yped or Printed Name	
	* * * FILIN	G FEE: \$35.00 * * *

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