## F16000003946

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
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(DC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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SECRETARY OF STATE
TALLAMASSELFL



## UNISEARCH, INC.





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,

oelle Churik

Unisearch, Inc.

1990 Main Street, Suite 750-709

Sarasota, FL 34236

888-617-4478

joelle.churik@unisearch.com

2021 AUG 25 AM II: 3 SEGRETARY OF STATE TALLATIAS SEE, FL

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of OREGON to change its registered office or registered agent, or both, in the State of Florida.
	ne corporation: BAHFED CORP
2. The principal	office address: 1000 SW BROADWAY, SUITE 1110PORTLAND, OR 97205
3. The mailing ac	ddress (if different):
4. Date of incorp	oration/qualification: 09/06/2016 Document number: F16000003946
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	UNISEARCH, INC
	155 OFFICE PLAZA DRIVE
	TALLAHASSEE, FL 32301
6. The name and (if changed):	unisearch, inc.
	1990 MAIN STREET, SUITE 750-709
	P.O. Box NOT acceptable SARASOTA, FL 34236
The street addre as changed will Such change wa authorized by th	ss of its registered office and the street address of the business office of its registered sent, be identical.  s authorized by resolution duly adopted by its board of directors or by an office so c board, or the corporation has been notified in writing of the change.
J	e of an officer or director Printed or typed name and title
l further agree t of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity.  o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or dishis no filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Sign	Le Chung Dature of Registered Agent S 25/2 (
Jolle C	nurity:  North Ass. Servetum  Appel 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