F1800000 4540

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



100353087081

10/06/20--01031--001 **35.00

20 CCT -6 M 9:41

T VOT

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Anchor Capital Partners, Inc.		
Name of Corporation		
DOCUMENT NUMBER: F18000004540		
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:	
Alex Soukeras	- <u>-</u>	
Name of Contact Person		
Unisearch, Inc		
Firm/Company		
4 Venture Ste 280		
Address		
Irvine, CA 92618		
City/State and Zip Code		
unisop@unisearch.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, p	olease call:	
Alex Soukeras	at (949) 359-4228 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	Department of State.	
Mailing Address:	Street Address:	
Mailing Address: Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/E3)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation c	$7,0502,607,1508,6r617,1508,Ftoriaa8$ organized under the laws of the State of $rac{1}{2}$ egistered agent, or both, in the State of F	Delaware
1. The name of t	the corporation: Anchor Capital Parti	ners, Inc.	
	office address: GENES RD STE 105 CALABASAS, C	CA 91302	
3. The mailing a	iddress (if different):		
4. Date of incorp	poration/qualification: 10/1/2018	Document number: F1800000	i4540
	I street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file wiesigned)	th the
	NRAI SERVICES, INC.		_
	1200 SOUTH PINE ISLAND ROAL	D PLANTATION, FL 33324	
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered off	īce
	Unisearch, Inc.		N D C
	155 Office Plaza Drive Tallahassee,	FL 32301	0 00T
	p	O Box NOT acceptable	
		street address of the business office of it	
Such change was authorized by d	as authorized by resolution duly ad be board, or the corporation has be	lopted by its board of directors or by an en notified in writing of the change.	officer so
		Stephen Pollack, President	
•	re of an officer or director	Printed or typed name and tit	le.
I furthér agrée of my duties, ai document is bei	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept thing filed merely to reflect a change s been notified in writing of this ch	nt and agree to act in this capacity, I statutes relative to the proper and con e obligation of my position as registered in the registered office address, I herek ange,	plete performance Lagent. Or, if this sy confirm that the
		9/2/2020	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Jose Castella	nos Assistant secretary		
1	yped 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 (04/13)