## F21000001285

(Req	uestor's Name)	
(Add	ress)	-
(Add	ress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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## 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,

Joelle Churik

Unisearch, Inc.

1990 Main Street, Suite 750-709

Sarasota, FL 34236

888-617-4478

joelle.churik@unisearch.com

2021 AUG 25 AH II: 2

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

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statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of DELAWARE		
		r registered agent, or both, in the State of Florida.		
1. The name of t	the corporation: NEXT MEDICAL	TECHNOLOGIES, INC.		
2. The principal	office address: 8 THE GREEN, SU	JITE #11269DOVER, DE 19901		
3. The mailing a	address (if different): 17748 SKY F	PARK CIR. #240IRVINE, CA 92614		
4. Date of incorporation/qualification: 03/08/2021 Document number: F21000001285				
5. The name and Florida Depar	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)		
	UNISEARCH, INC.			
	155 OFFICE PLAZA DRIVE			
	TALLAHASSEE, FL 32301			
6. The name and (if changed):	d street address of the new register	ered agent (if changed) and /or registered office		
	UNISEARCH, INC.			
	1990 MAIN STREET, SUITE 750	0-709		
		P.O. Box NOT acceptable		
	SARASOTA, FL 34236			
		te street address of the business office of its registered agent,		
Such change wauthorized by t	as authorized by resolution duly he board, or the corporation has l	adopted by its board of directors or by an officer so been notified in writing of the change.		
Z	are of an officer or director	Printed or typed name and title		
I further agree of my duties, ar document is be	to comply with the provisions of nd Lam familiar with and accept	rigent and agree to act in this capacity. If all statutes relative to the proper and complete performance, the obligation of my position as registered agent. Or if this age in the registered office address, I hereby confirm that the change.		
	tollo (hust)	08/17/2021		
Sig	gnature of Registered Agent	Date		
If signing on bo	chalf of an entity:			
JOELLE CHUR	IK, ASST. SECRETARY			
	Typed or Printed Name			

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