F21000001825

(Requ	iestor's Name)	
(Addr	ess)	
(Address)		
(City/	State/Zip/Phor	ne #)
PICK-UP	MAIT WAIT	MAIL
(Busi	ness Entity Na	ıme)
(Document Number)		
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



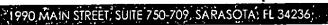
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2021 AUG 25 ANTH: 29 SEGRETARY OF STATE TALLAHASSILLIA

SER CONTINO

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

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, F101 nange is submitted for a corporation organized under the laws of the State tler to change its registered office or registered agent, or both, in the State	e of OREGON	_
1. The name of	f the corporation: LEUPOLD & STEVENS, INC.		_ _
2. The principal	al office address: 14400 NW GREENBRIAR PKWYBEAVERTON, OR 970		
3. The mailing a	address (if different):		_
4. Date of incor	prporation/qualification: 04/01/2021 Document number: F210	000001825	
5. The name and	nd street address of the current registered agent and registered office on frartment of State: (If resigned, enter resigned)		
	UNISEARCH, INC.		
	155 OFFICE PLAZA DRIVE		
	TALLAHASSEE, FL 32301		
6. The name an (if changed):	and street address of the new registered agent (if changed) and /or register ():	ed office	
	UNISEARCH, INC.		
	1990 MAIN STREET, SUITE 750-709		
	P.O. Box NOT acceptable		
	SARASOTA, FL 34236		
The street addr as changed wil	dress of its registered office and the street address of the business office ill be identical.	e of its registered ag	ent,
Such change wanthorized by	was authorized by resolution duly adopted by its board of directors or the board, or the corporation has been notified in writing of the chang	by an officer so	سهم
_	ature of an officer or director Printed or typed name	r in and	
I further agree of my duties, a document is he	ept the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and and I am familiar with and accept the obligation of my position as region filed merely to reflect a change in the registered office address, I has been notified in writing of this change.	v. id complete perform istered avent. Or. if	ance this
	08/17/2021		
S	Signature of Registered Agent Date		
If signing on b	behalf of an entity:		
	JRIK, ASST. SECRETARY		
	Typed or Printed Name		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE