

F99000000589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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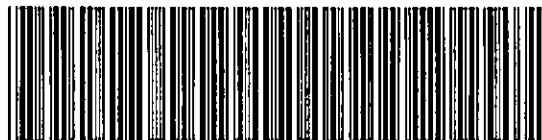
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: May 19, 2020

AE: Destiny Birks

TO: Florida Department of State H1080

REFERENCE: 1421018

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

UNIRISC INC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: Hello,

Please file the attached Statement of Change. If you have any questions please contact me at dbirks@myparacorp.com or by telephone at 800-533-7272 ext 6264

Thank you,

PLEASE RETURN: Email

PLEASE CALL (800)533-7272 ATTN: Destiny Birks TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNIRISC, INC.

Name of Corporation

DOCUMENT NUMBER: F99000000589

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:

Destiny Birks

Name of Contact Person

PARACORP INCORPORATED

Firm/Company

2804 GATEWAY OAKS DR #100

Address

SACRAMENTO, CA 95833

City/State and Zip Code

PARACORP@MYPARACORP.COM

E-mail address: (to be used for future annual report notification)

20 MAY 27 PM 3:53

RECEIVED
STATE
DIVISION OF
CORPORATIONS

For further information concerning this matter, please call:

Destiny Birks

Name of Contact Person

at (800) 533-7272

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UNIRISC, INC.
2. The principal office address: 2000 14th St N Ste 500
Arlington, VA 22201
3. The mailing address (if different): 160 Federal St 4th Floor
Boston, MA 02110
4. Date of incorporation/qualification: 02/01/1999 Document number: F99000000589
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

COGENCY GLOBAL INC.
115 North Calhoun St.
Suite 4
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
P.O. Box NOT acceptable
Tallahassee, FL 32301


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Natalie Logan, Secretary
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

5/8/2020
Date

If signing on behalf of an entity:

Jody Mara, Asst. Secretary
Typed or Printed Name

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

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TALLAHASSEE
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