

L09000044651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

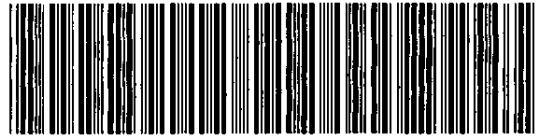
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Provided by Signature
Information Solutions

300 Phillips Blvd., Trenton, NJ 08618
Tel: 609-883-7000 Toll Free: 800-848-0489
Fax: 866-235-6274
www.superiorinfo.com

Date: January 15, 2010

To: Registration Section

From: Colleen Kiessling

Re: Unison Networks, LLC
Change of Registered Agent and Registered Office

Enclosed herewith please find the necessary document to Change the Registered Agent and Registered Office of the above referenced in your state.

Further enclosed is our check in the amount of \$25.00 to cover the cost of the filing.

Please file the enclosed document upon receipt, returning the customary evidence to my attention in the self-addressed, stamped envelope enclosed for your convenience. Or, if not using the return envelope provided please **mail filing evidence to:**

Signature Information Solutions LLC
300 Phillips Blvd., #400
Trenton, NJ 08618
Attn: Colleen Kiessling

If there are any problems with the enclosed filing please contact me at the following toll free number: (800) 792-8888, ext. 7075

Thank you for your assistance in this matter!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unison Networks, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Colleen Kiessling

Name of Person

Signature Information Solutions LLC

Firm/Company

300 Phillips Blvd., #400

Address

Treasurer

City/State and Zip Code

colleenk@signatureinfo.com

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

For further information concerning this matter, please call:

Colleen Kiessling

Name of Person

at (609)

359-7075

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Unison Networks, LLC

2. (a) Principal office address of limited liability company: 732 Eden Way North

☒ (Note: **MUST BE STREET ADDRESS**) Chesapeake, VA 23320

(b) Mailing address of limited liability company: _____

☒ (Note: **MAY BE POST OFFICE BOX**) 732 Eden Way North
Chesapeake, VA 23320

5-7-09
3. Date of filing/registration in Florida

L0900004465
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent: Florida R.A. Services LLC

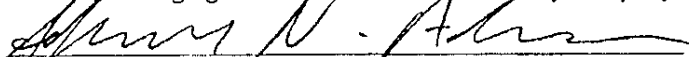
Registered Office Address: 10208 Cutten Green Court
Tampa, FL 33615

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 2731 Executive Park Drive, Suite 4
(MUST BE FLORIDA STREET ADDRESS) Weston, FL 33331

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Alexandr N. Albov, Manager
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
NRAI Services, Inc.

by: _____
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00