

Division of Corporations

L12000027627

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SHIN LAW FIRM, P.A.
Account Number : I20120000028
Phone : (407) 730-7814
Fax Number : (407) 730-7815

FILED
12 APR 25 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

BMcConnell@Shinlawgp.com

**LLC REGISTERED AGENT CHANGE
UNIVAC ORLANDO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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C. LEWIS
APR 26 2012
EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVAC ORLANDO, 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:

BRITNEY MCCONNELL

Name of Person

SHIN LAW FIRM, P.A.

Firm/Company

200 SOUTH ORANGE AVENUE, SUITE 1450

Address

ORLANDO, FL 32801

City/State and Zip Code

BMCCONNELL@SHINLAWGP.COM

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

For further information concerning this matter, please call:

BRITNEY MCCONNELL

Name of Person

at (407)

730-7814

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: UNIVAC ORLANDO, LLC

2. (a) Principal office address of limited liability company: 5022 SAVANNAH RIVER WAY

(Note: MUST BE STREET ADDRESS)

UNIT 112
ORLANDO, FL 32839

(b) Mailing address of limited liability company: 5022 SAVANNAH RIVER WAY

(Note: MAY BE POST OFFICE BOX)

UNIT 112
ORLANDO, FL 32839

02/27/2012
3. Date of filing/registration in Florida

L12000027627
4. Document number

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

Registered Agent: SHIN, TAE

Registered Office Address: 121 S. ORANGE AVE.
SUITE 1500
ORLANDO, FL 32801 US

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

NEW Registered Agent: SHIN, TAE

NEW Registered Office Address: 200 SOUTH ORANGE AVENUE
(MUST BE FLORIDA STREET ADDRESS) SUITE 1450
ORLANDO, FL 32801

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

Tae Shin
Printed or typed name of signer

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.

Signature of Registered Agent

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