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(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
, , . ,							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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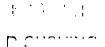


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8/25/2021

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,

oelle 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 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company:FIBERSTAR LEV	ERA	GE L	ENDER,	LLC		
2. (a)	713 ST. CROIX STREET		(b) 713 ST. CROIX STREET				
2, (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	y:	
	RIVER FALLS, WI 54022	_		IVER FAI	LLS, W1 54022		
	11/18/2014		L	14000178	3993		
3.	Date of filing/registration in Florida	4.		-	Document number		
5. (a)	UNISEARCH, INC.						
<i>5.</i> (a	Registered Agent and Registered Office shown on the records of the	he Flo	rida I	Dept. of Sta	atc:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDR.	ESS)				
	155 OFFICE PLAZA DR.				_		
	TALLAHASEE , FL	3230	1	-	-		
(b)	UNISEARCH, INC.				_		
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office	a <u>dd</u>	ress:	တ <u>ု</u> (၅) န	7 67	
	1990 MAIN STREET					- SES	
	NEW Registered Office Address:					2	
	SUITE 750-709				_		
	SARASOTA, FL_	3423	5		1 (a) - 1 (a)	를 ¹ 당	
chang agent was/w the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	regis bility f the	terec con limit	office ar pany, it i ed liabili	nd the business office of the registere is hereby confirmed that the change (ity company or as otherwise provided impany.	ed s)	
•	ature of a member or authorized representative of a member				Printed or typed name of signee		
provis the ob to mei notific	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete publications of my position as registered agent as provided rely reflect a change in the registered office address, I have a constituted in writing of this change. Division of Corporations P.O. B	erjo for i ereb	rmar in Cl v cor	ice of my capter 60. firm that	duties, and I am familiar with and a 15, F.S. Or, if this document is being the limited liability company has be	ccept filed	

FILING FEE: \$25.00

INHS18 (2/14)