01/30/18 09:03AM PST Registered Agent Solutions, inc. 06176383) Pg 1/3 1/30/2018 sion of Corporations **Electronic Filing Cover Sheet**

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H18000035655 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:						
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LLC REGISTERED AGENT CHANGE UNIVERSALNICK LLC

K. SALY JAN 3 1 2018

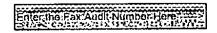
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☐ \$55 Filing Fee & Certified Copy

H180000356553

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: UNIVERSALNICK 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:
Mary Castillo
Name of Person
Registered Agent Solutions, Inc.
Firm/Company
1701 Directors Blvd, Suite 300
Address
Austin, TX 78744
City/State and Zip Code
notices@rasi.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Castillo
Name of Person Area Code & Daytime Telephone Numbe
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:

2 \$25 Filing Fee

INHS18 (2/14)

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H180000356553

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.

l. N	ame of the limited liability company: UNIVERS	SALNICK	LLC		
2. (a)	Principal office address of limited liability company:	(b) _	Mailing address o	f limited liability company:	
	(Note: MUST BE STREET ADDRESS)	ť			
	1110 BRICKELL AVENUE SUITE 402-2 MIAMI, FL 33131	1110 BRICKELL AVENUE SUITE 402-2 MIAMI, FL 33131			
	08/27/2015	L	15000151432		
3.	Date of filing/registration in Florida	4.	Document nu	mber	
5. (a)	Registered Agent and Registered Office shown on the records to				
	Registered Agent and Registered Office shown on the records of NATIONAL CORPORATE SERV				
	Registered Office Address (MUST BE FLORIDA STREE)	T ADDRESS)		. <u>0</u> .	
	1110 BRICKELL AVENUE			\$60 VISI VISI	
	SUITE 402-2			英學	
	MIAMI, FL 33131			٠	
				0 0 X	
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office addre		元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元	
	Enter name of NEW Registered Agent and of State Action	,	••••·	9 22	
	Registered Agent Solutions, Inc.			SECRETERY OF STATIONS INTERIOR OF CORPORATIONS 18 JAN 30 AM 9: 57	
	NEW Registered Office Address:				
	155 Office Plaza Dr., Suite A				
	Tallahassee, I	FL_32301			
the clagent	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the	laws of the S of the registe liability con s of the limit	ered office and the busi- pany, it is hereby confi ed liability company or	irmed that the change(s)	
	Nicolus Bignone		olas Bignone	Manager	
	nature of a member or authorized representative of a member			d name of signee	
I her provi the oi to me notifi	reby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi- trely reflect a change in the registered office address, ed in writing of this change.	igree to act i de performan ded for in Cl I hereby cor	n this capacity. I furthe ace of my duties, and I c capter 605, F.S. Or. if i afirm that the limited lic	er agree to comply with the am Jamiliar with and accept this document is being filed ability company has been	
Siena	Justine Karnell ture of pegistered Agent Assistant Secretary				
	Division of Corporations • P.O	1 Bay 6127-	Tallahussaa FI 3731	1	
	Division of Corporations F. C.	,, DUA UJA? •	THE PROPERTY OF THE PROPERTY O	•	

FILING FEE: \$25.99

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