## L18000189721

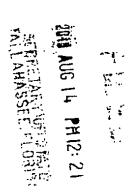
(Requestor's Name)					
(Ad	(Address)				
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(Cit	y/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	e)			
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Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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Office Use Only



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## **COVER LETTER**

		COVERL	ETTER .		
TO:	Registration Section				
10:	Division of Corporations				
	·				
	Unique Things		The second second		
SUBJECT: Name of Limited Liability Company					
	11411	ic of Linked B	admity company		
Dear Si	r or Madam:		(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		
The end	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
Kimbe	erly M Crawford				
	Name of Person	<del></del>	<u> </u>		
Uniqu	e Things				
	Firm/Company				
11573	Captiva Kay Drive				
	Address				
Rivery	riew FL 33569				
<del></del>	City/State and Zip Code		<del>_</del>		
simply	blu65@outlook.com				
E	mail address: (to be used for future ann	ual report notif	ication)		
For furt	ther information concerning this matter.	, please call:			
Kimbe	rly Crawford	302 at (	598-9126		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	M.	AILING ADDRESS:		
	Registration Section	Re	gistration Section		
	Division of Corporations		vision of Corporations		
	Clifton Building		D. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	Та	Itahassee, Florida 32314		
	Enclosed is a check for the following	; amount:			
	□ \$25 Filing Fee	<b>2</b> \$:	55 Filing Fee & Certified Copy		
INHS18	(2/14)				

## 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.

I. N	ame of the limited liability company: Unique This	ngs	
2. (a)	11573 Captiva Kay Drive Riverview FL 33	569 (b) 1	1573 Captiva Kay Drive Riverview FL 33
2. ( <b>u</b> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	8/08/2018	L18	8000189721
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	United States Corporation Agents, INC		
J. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dep	ot, of State:
	13302 Winding Oak Court A		
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	
	Tampa	FL_33612	
' (b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addres:	
	Kimberly Crawford		MG 14 PM 12: 2)
	NEW Registered Office Address:		
	11573 Captiva Kay Drive		
	Riverview	<sub>FI</sub> 33569	
the chargent was/w the art Signal I here provis the ober notifie	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the member of a member or authorized representative of a member or authorized representative of a member of a member of all statutes relative to the proper and completions of all statutes relative to the proper and completing actions of my position as registered agent as proving the proper of this change of this change of the proper and completing actions of this change of the proper and completing actions of this change of the proper address, and the proper address of the proper address.	s of the registered liability computes of the limited liability the limited liability for the liab	ed office and the business office of the registered any, it is hereby confirmed that the change(s). Itability company or as otherwise provided in lity company.  1 BERLY CRAWFORD  Printed or typed name of signee.  This capacity. I further agree to comply with the