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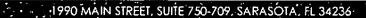
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UNISEARCH, INC.





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.

8209 NATURES WAY 203	(b)	(b) 3730 82ND AVE CIRCLE EAST101	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
LAKEWOOD RANCH, FL 34202	SA	SARASOTA, FL 34243	
·			
07/16/2020		0000207243	
Date of filing/registration in Florida	4.	Document number	
UNISEARCH INC			
Registered Agent and Registered Office shown on the records	of the Florida Der	pt. of State:	
155 OFFICE PLAZA DRIVE			
Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)		
	1.170		
TALLAHASSEE	FL 32301		
,	r.L	202 Sel	
UNISEARCH, INC.		SE T	
Enter name of NEW Registered Agent and/or NEW Registe	red Office addres	<u>is</u> :	
1990 MAIN STREET		\$30 2	
NEW Registered Office Address:			
SUITE 750-709			
SARASOTA,	FL		
limited liability company is not organized under the se or changes are made, the Florida street address of swill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street o	the registered of liability comparts of the limited	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
ature of a member or authorized representative of a member		Printed or typed name of signee	
eby accept the appointment as registered agent and completely a fall statutes relative to the proper and completely	igree to act in t	this capacity. I further agree to comply with the of my duties, and I am familiar with and accorder 605, F.S. Or, if this document is being fillown that the limited liability company has been	

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

INHS18 (2/14)