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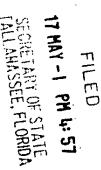
(Requestor's Name)						
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§ Warren

MAY - 2 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: April 27, 2017

Order#: 608167-010

Re: UNIRUSH, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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.	Na	me of the limited liability compan	y: UNIRUSH, LLC			
2.	(a)	4701 Creek Road Suite 200 Principal office address of limited (Note: MUST BE STREE		_ (b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	-	Cincinnati	OH 45242	-		
		06/10/2011		_	M110000	
3.		Date of filing/registration	n in Florida	4.		Document number
5.	(a)	C T Corporation System				
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		1200 South Pine Island Road				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		Plantation	, FL	33324		
						- C - S
	(b)	Corporation Service Company Enter name of NEW Registered Agent a	- 4/- NINN D	.00		表示工
		Enter hance of NEW Registered Agent a	ind/or Negistered C	mice adu	<u>1 CSS</u> .	FILED Y-1 PM JARY OF HASSEE, F
		1201 Hays Street				
		NEW Registered Office Address:				4: 57 STATE LORIDA
		Tallahassee	, FL	32301		•
the ag wa the	e cha ent v is/we arti	nge or changes are made, the Flori vill be identical. Or, in the case of	ida street address of the florida limited liabute of the members of the liabute agreement of the liabute.	he regist pility cor the limi mited li	ered office mpany, it is ted liability ability com	orida, it is hereby confirmed that after and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in apany. rized Person Printed or typed name of signee
pre the to no	ovisi e obli mere tified	by accept the appointment as registions of all statutes relative to the prigations of my position as registered from the registered from writing of this change from the registered Agent Corporation S	roper and complete ped agent as provided ed office address. I he	erforma for in C ereby co	nce of my d hapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been by, Assistant Vice President
		Division of Co	rnarations PO Re	× 6327	Tallahac	oog FI 30314