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(Reque	stor's Name)	i	
(Address)			
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SECRETARY OF STATE

Carra

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

SECRETARY OF SIGN

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.

. Na	me of the limited liability company: INNOVADIA,	LLC.		
. (a)	8721 SANTA MONICA BLVD. #1445	(b) 8721 SA	ANTA MONICA BI.VD. #1445	
, , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. , ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) LOS ANGELES, CA 90069	
	LOS ANGELES, CA 90069	LOS AN		
	08/06/2008	M080000	03640 m100000 3851	
	Date of filing/registration in Florida	4.	Document number	
(a)	UNISEARCH, INC.			
()	Registered Agent and Registered Office shown on the records	of the Florida Dept. of S	itate:	
	155 OFFICE PLAZA DR.			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		
	TALLAHASSEE,	FL	<u> </u>	
(b)	UNISEARCH, INC.		2021 SEC TA	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:	AUG	
	1990 MAIN STREET, SUITE 750-709		A S	
	NEW Registered Office Address:		OF STATE	
	SARASOTA,	FL	<u> </u>	
ange ent w as/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the member of the operating agreement of the street of the member of the operating agreement of the	the registered office : I liability company, i rs of the limited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in	
Signat	nure of a member or authorized representative of a member		Printed or typed name of signee	
ovisi e obli mere	by accept the appointment as registered agent and cons of all statutes relative to the proper and completing to my position as registered agent as proview reflect a change in the registered office address, in writing of this change.	agree to act in this co ete performance of m ded for in Chapter 6 I hereby confirm the	apacity. I further agree to comply with the victies, and I am familiar with and acce 05, F.S. Or, if this document is being file at the limited liability company has been	

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

NHS18 (2/14)

lature of Registered Agent