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ALLANASSE FLORIDA

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COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	NEVADA RE MANAGER LI	_C		
		ne of L	imited Li	ability Company
Dear Sir	or Madam:			
The enc	losed Registered Agent/Registered Off	ice Cha	inge and	fee(s) are submitted for filing.
Please re	eturn all correspondence concerning th	is matt	er to the	following:
LORE	TTA MCCOOL			
***	Name of Person		.,	 .
UNISE	ARCH, INC.			
	Firm/Company	-		_
325 13	TH ST NE STE 404			
	Address			_
SALEN	/I, OR 97301			
	City/State and Zip Code			
	RKIM@PACIFICDENTALSERV			
E-r	nail address: (to be used for future ann	iual rep	ort notifi	ication)
For furth	ner information concerning this matter,	please	call;	
LORET	TA MCCOOL	at (971	239-5591
-	Name of Person	` _		Area Code & Daytime Telephone Number
 	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations 0. Box 6327 lahassee, Florida 32314
ı	Enclosed is a check for the following	amoui	nt:	
Ę.	S25 Filing Fee		□ \$5	5 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.

(a) _.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON) RED HILL AVENUE		
	IRVINE, CA 92614		· · · · · · · · · · · · · · · · · · ·	, CA 92614		
	8/7/2015		M150000	006248		
	Date of filing/registration in Florida			Document number		
(a)	Registered Agent and Registered Office shown on the rec NRAI SERVICES, INC.	ords of the Flori	ida Dept, of Stai	- - 도쿄 전		
	Registered Office Address (MUST BE FLORIDA STREET ADDRE					
	PLANTATION	_{FL_} 3332	4			
(b)	Enter name of NEW Registered Agent and/or NEW Reg	gistered Office :	iddress:			
	UNISEARCH, INC.			7		
	NEW Registered Office Address:		-	-		
	155 OFFICE PLAZA DRIVE			-		
	TALLAHASSEE	3230	1	_		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

by Arettal MUSH, Ast, Sec

Signature of a member or authorized representative of a member