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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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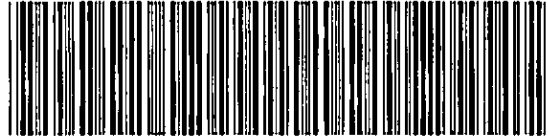
(Business Entity Name)

(Document Number)

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Office Use Only



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MAY 18 2020

2020 MAY -1 PM 4:59

R/A *[Signature]*

## **FILE REQUEST**

April 23, 2020

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

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<i>Type of Filing:</i>	<b>Change of Registered Agent - Statement of Information</b>
<i>Subject:</i>	<b>Florida EE Group, LLC</b>
<i>Form(s) Enclosed:</i>	<b>Statement of Change of Registered Agent Change of Registered Agent</b>

*Supporting Document(s):*

*Check(s) Enclosed:* **\$25.00**

*Return Via:* **Regular mail**

*Filing Method:* **Routine**

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***Please return to:***

***Cheryl Conklin  
Unisearch, Inc.  
1780 Barnes Blvd SW  
Tumwater, WA 98512  
360-956-9500 Ext: 103  
Fax: 360-956-9504  
cheryl.conklin@unisearch.com***

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida EE Group, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Conklin

\_\_\_\_\_  
Name of Person

Unisearch, Inc.

\_\_\_\_\_  
Firm/Company

1780 Barnes Blvd SW

\_\_\_\_\_  
Address

Tumwater, WA 98512

\_\_\_\_\_  
City/State and Zip Code

cheryl.conklin@unisearch.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Conklin

\_\_\_\_\_  
Name of Person

at ( 360 )

956-9500

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Florida EE Group, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

5101 NE 82ND AVE, SUITE 200

5101 NE 82ND AVE, SUITE 200

VANCOUVER, WA 98662

VANCOUVER, WA 98662

03/08/2017

M17000001997

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NRAI Services, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation, FL 33324

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Unisearch, Inc.

**NEW** Registered Office Address:

155 Office Plaza Drive

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Cody Erwin

Printed or typed name of signee

*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, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

Christine Reed Assistant Sec.

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**

**FILING FEE: \$25.00**

2020 MAY -1 PM 4:59