

M17 00000 1997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

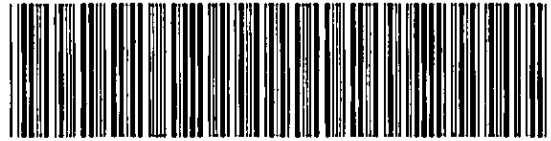
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900343895609

05/01/20--01010--025 ++25.00

S TALLENT  
MAY 18 2020

2020 MAY -1 PM 4:59

*R/A*

## **FILE REQUEST**

April 23, 2020

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

---

<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>
<i>Supporting Document(s):</i>	
<i>Check(s) Enclosed:</i>	<b>\$25.00</b>
<i>Return Via:</i>	<b>Regular mail</b>
<i>Filing Method:</i>	<b>Routine</b>

---

**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 at ( 360 ) 956-9500  
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

**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) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
5101 NE 82ND AVE, SUITE 200  
VANCOUVER, WA 98662

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
5101 NE 82ND AVE, SUITE 200  
VANCOUVER, WA 98662

3. 03/08/2017 Date of filing/registration in Florida  
 4. M17000001997 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

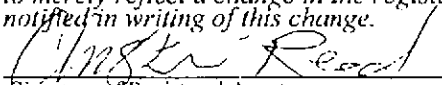
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Unisearch, Inc.  
NEW Registered Office Address:  
155 Office Plaza Drive  
Tallahassee, FL 32301

2020 MAY -1 PM 4:59

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.

 Cody Erwin  
 Signature of a member or authorized representative of a member 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 of Registered Agent Christine Reed Assistant Sec.

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