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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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2021 SEP -2 PM 2: 57 SECRETARY OF STATE

## 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

## 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)	200 Spectrum Center DR	(b)	200 Spectrum Cent	ter DR	
(a) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing a	ddress of limited liability company:  MAY BE POST OFFICE BOX)	
	21st Floor		21st Floor		
	Irvine, CA 92618		Irvine, CA 92618		
	06/08/2017	N	117000004918		
	Date of filing/registration in Florida	<u> </u>	Docum	ient number	
(a)	UNISEARCH, INC.				
(a)	Registered Agent and Registered Office shown on the records	of the Florida l	Dept. of State:		
	155 OFFICE PLAZA DRIVE				
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	<del></del>		
	TALLAHASSEE	FL <sup>32301</sup>		2021 SEC Tia	
		rt	<del></del>	CRET	
(b)	UNISEARCH, INC.			1	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office add	ress:	S C N	
	1990 MAIN STREET				
	NEW Registered Office Address:		्रां ज		
	SUITE 750-709			m 7	
	SARASOTA	FL 34236			
			a cm the	in the state of th	
nge	imited liability company is not organized under the or changes are made, the Florida street address of t	the registered	doffice and the bu	isiness office of the registered	
ent v	vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member	liability cor	npany, it is hereby	y confirmed that the change(s) -	
arti	icles of organization or the operating agreement of t	he limited li	ability company.	,	
<del></del>	for the six description of a manhar		Printed	or typed name of signee	
ipna	ture of a member or authorized representative of a member		Timed	or typed flattle of signee	

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

Joelle Churik, Asst. Secretary

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Signature of Registered Agent