M19 00000 2628

(Requestor's Name)					
(Address)					
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(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Cartifical Coning Cartificator of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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FILE REQUEST

December 14, 2020

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

Type of Filing:

Change of Registered Agent - Statement of

Information

Subject:

ALLBRIDGE, LLC

Form(s) Enclosed:

Statement of Change of Registered Agent

Change of Registered Agent

Supporting Document(s):

Check(s) Enclosed:

\$25.00 - Check # 107042

Return Via:

Regular mail

Filing Method:

Routine

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				
SUBJE	Allbridge, LLC				
	Name of Limited Liability Company				
Dear Si	r or Madam:				
The enc	losed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please r	return all correspondence concerning th	is matter to the	following:		
Chery	l Conklin				
	Name of Person				
Unise	arch, Inc.				
	Firm/Company				
1780 E	Barnes Blvd SW				
	Address		_		
Tumw	ater, WA 98512				
	City/State and Zip Code				
cheryl	.conklin@unisearch.com				
E-	mail address: (to be used for future ann	iual report notif	ication)		
For furt	her information concerning this matter,	please call:			
Cheryl	Conklin	360	956-9500		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		MAILING ADDRESS:		
	Registration Section	egistration Section			
	Division of Corporations	sion of Corporations			
	Clifton Building	O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301			llahassee, Florida 32314		
Enclosed is a check for the following amount:					
	S25 Filing Fee	□ s:	55 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.

I. Na	ime of the limited liability company: Allbridge, L	LC		
2. (a)		((b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·	·-/_	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	6880 PERRY CREEK RD		6	880 PERRY CREEK RD
	RALEIGH, NC 27616		R	ALEIGH, NC 27616
	03/18/2019		М1	19000002628
3.	Date of filing/registration in Florida	4.	•	Document number
5. (a)				
	Registered Agent and Registered Office shown on the records BUSINESS FILINGS INCORPORATED	of the Florid	Ja Dep	
	Registered Office Address (MUST BE FLORIDA STREE	TADDRES	<u>(S)</u>	
	1200 South Pine Island Road			7370 CCC
	Plantation , I	_{FL} 33324	1	
				PH 3: 54
(b)				<u> </u>
	Enter name of NEW Registered Agent and/or NEW Register	red Office a	<u>ddres</u> ;	가 무를 몇
	Unisearch, Inc.			1.,,
	NEW Registered Office Address:			
	155 Office Plaza Drive			
	Tallahassee, F	, 32301]	
agent w was/wei the artic Signan I hereb	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members eles of organization or the operating agreement of the member of a member of a member of the member of the appointment as registered agent and agons of all statutes relative to the proper and complete	aws of the of the registration of the limited	e Stat istere ompa nited liabil AVI	id office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. DOCONNELL Printed or typed name of signce his capacity. I further agree to comply with the
ine bong to merei notified Uww	gations of my position as registered agent as providely reflect a change in the registered office address, in writing of this change. A Continuous tasks of Registered Agent	iea jor in I hereby c	Chap	oter 605, F.S. Or, if this document is being filed m that the limited liability company has been