

(Requestor's Name)
(Address)
(Address)
(Addless)
(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



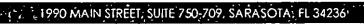
100372677121

09/03/21--01013--029 **3170.00

2021 SEP -2 PM 2: 56 SEQUENTARY DESCRIPTION



UNISEARCH, INC.





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)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 6880 Perry Creek Road			
(ω)			(-) <u>-</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Raleigh, NC 27616		Raleigh, N			
						
	03/18/2019	_	M1900000	2628		
	Date of filing/registration in Florida	- 4.		Document nu	ımber	
<i>(</i>)	UNISEARCH, INC.					
(a) (b)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Sta	ite:		
	155 OFFICE PLAZA DRIVE					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_		
	TALLAHASSEE	32301		_		
	, г.	·	 ·			
	UNISEARCH, INC.					
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:			
	1990 MAIN STREET				20 8:	
	NEW Registered Office Address:			_	27	
	SUITE 750-709				SP T	
					\(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\)	
	SARASOTA, FL	34236			7	
ango ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of teles of organization or the operating agreement of the	regist ability of the l	ered office at company, it imited liabili	nd the business is hereby confi ty company or	rmed that the change(s)	
Signa	ture of a member or authorized representative of a member			Printed or type	d name of signee	
_ 1	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	ree to a perfor d for ii hereby	act in this cap mance of my a Chapter 60 confirm that	pacity. I furthe duties, and I a 5, F.S. Or, if to the limited lia	r agree to comply with th im familiar with and acce his document is being file bility company has been	

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

INTESTS (2/14