## M18 00000 7844

(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



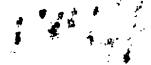
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91/14/20--01013--004 \*\*25.00



FEB 12 2020 S. YOUNG





## FILE REQUEST

January 10, 2020

Division of Corporations PO Box 6327 Tallahassee, FL 32314

Type of Filing:

**CHANGE OF REGISTERED AGENT** 

Subject:

**JERRY ERWIN ASSOCIATES, LLC** 

Form(s) Enclosed:

Statement of Change of Registered Agent

Supporting Document(s):

Check(s) Enclosed:

Check #106493 - \$25.00

Return Via:

Email/Fax & US Mail

Filing Method:

Routine

As always, thank you!

Please return to:

**CAROL BERG** 

UNISEARCH, INC.

1780 BARNES BLVD. SW TUMWATER, WA 98512 360-956-9500 Ext: 106

Fax: 360-956-9504

Carol.Berg@unisearch.com

## **COVER LETTER**

	Registration Section Division of Corporations						
SUBJEC	Jerry Erwin Associates, LLC						
	Name of Limited Liability Company						
Dear Sir	or Madam:						
The enclo	osed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.				
Please re	turn all correspondence concerning thi	s matter to the	following:				
Cheryl	Conklin						
	Name of Person						
Unisea	rch, Inc.						
	Firm/Company		<del></del>				
1780 B	arnes Blvd SW						
	Address						
Tumwa	ter, WA 98512						
	City/State and Zip Code		<del></del>				
cheryl.c	conklin@unisearch.com						
E-m	nail address: (to be used for future ann	ual report notif	ication)				
For furthe	er information concerning this matter,	please call:					
Cheryl (	Conklin	36 <u>0</u>	956-9500				
	Name of Person	_ "' (	Area Code & Daytime Telephone Number				
R D C 2	RECT/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
\(\overline{\pi}\)	<b>3</b> \$25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy				
INHS18 (2	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.

1. Na	ame of the limited liability company:  Jerry Erwin	Associa	ites, LLC			
2. (a)						
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(	u)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	5101 NE 82ND AVE, SUITE 200		5101 NI	E 82ND AV	E, SUITE 200	
	VANCOUVER, WA 98662		VANCOUVER, WA 98662			
	02/28/2018		M180000	002057		
3.	Date of filing/registration in Florida	4.		Document n	umber	
5. (a)						
()	Registered Agent and Registered Office shown on the records of	of the Florid	la Dept. of Stat	<del>-</del> le:	- •	
	NRAI Services, Inc.				2020 JAN SEPART SEPISION C	
	gistered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	Essa 🚂 📆	77
	1200 South Pine Island Road		ASSOC I			
	Plantation . F	33324				
(b)				_	STATE STATE	O
(0)	Enter name of NEW Registered Agent and/or NEW Register		idress:	_		
	Unisearch, Inc.					
	NEW Registered Office Address:	<u> </u>		_		
	Tallahassee , F	<sub>L</sub> 32301				
agent was/we the arti	imited 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 are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regi liability of of the limited	istered offic ompany, it i nited liabilit	e and the busi is hereby conf ty company or	iness office of the firmed that the ch	e registered
	ture of a member or authorized representative of a member	Printed or typed name of signee				
the obl to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and completigations of my position as registered agent as proviably reflect a change in the registered office address, if in writing of this change.	gree to ac le perforn led for in I hereby c	t in this cap nance of my Chapter 60: confirm that	pacity. I furth duties, and I 5, F.S. Or, if the limited lid	er agree to comp am familiar with this document is ability company i	ly with the and accept being filed has been
Signatu	Carol Berg, Asst. Secr	etary				

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