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UNISEARCH, INC.

1990 MAIN STREET, SUITE 750-709, SARASOTA: FL-34236

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) 5101 NE 82ND AVE, STE 200	(b)	5101 NE 82ND AVE, STE 200	
Principal office address of limited liability company: (Note: MUST BF STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
VANCOUVER, WA 98662		VANCOUVER, WA 98662	
08/14/2019		119000007841	
Date of filing/registration i	n Florida 4.	Document number	
UNISEARCH INC			
(a) Registered Agent and Registered Office sho	own on the records of the Florida E	Dept. of State:	
155 OFFICE PLAZA DRIVE			
Registered Office Address (MUST BE	FLORIDA STREET ADDRESS)		
TALLAHASSEE	, FL 32301	2021 S	
b) UNISEARCH, INC.			
Enter name of NEW Registered Agent and	d/or <u>NEW Registered Office addi</u>	ress:	
1990 MAIN STREET		1.3 m	
NEW Registered Office Address:			
SUITE 750-709			
SARASOTA	, FL_34236		
nge or changes are made, the Florida str nt will be identical. Or, in the case of a	reet address of the registered Florida limited liability con e of the members of the limit	State of Florida, it is hereby confirmed that after doffice and the business office of the registered appany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.	
gnature of a member or authorized representative	ve of a member	Printed or typed name of signee	
-		in this capacity. I further agree to comply with	

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

INHS18 (2/14)

Signature of

egistered Agent