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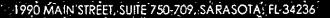


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2021 SEP +2 PM 2: 55 SECRETARY OF STATE TALLAMASSET FI

## 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)	8000 WESTPARK DRIVE, SUITE 495	(b) _	000 WESTPARK DRIVE, SUITE 495
.41	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MCLEAN, VA 22102	M	ICLEAN, VA 22102
	10/04/2019		900009488
	Date of filing/registration in Florida	4.	Document number
ر (م)	UNISEARCH, INC.		
(a)	Registered Agent and Registered Office shown on the record	s of the Florida De	pt. of State:
	155 OFFICE PLAZA DRIVE		
	Registered Office Address (MUST BE FLORIDA STRE		
	TALLAHASSEE	, FL_32301	
	UNISEARCH, INC.		202 
	Enter name of NEW Registered Agent and/or NEW Regist	ered Office addre	SE SEP
	1990 MAIN STREET		
	NEW Registered Office Address:		
	SUITE 750-709		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	SARASOTA	, FL_34236	55 m
ige it v /we	imited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	the registered of the liability comparts of the limite	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided
	ture of a member or authorized representative of a member	. <del> </del>	Printed or typed name of signee
gna	tate of a memoer of authorities representative		

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

Signature of Registered Agent