M19000011758

| (R | equestor's Name) | |
|-------------------------|------------------------|--------|
| (Á | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (B | usiness Entity Name) | |
| (D | ocument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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| | Office Use Only | |
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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,

Joelle 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.

| Na | me of the limited liability company: | .C | | | | |
|-----|--|------------|---|----|----------|--------------|
| (a) | 48 E. 23RD STREET | | (b) | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limi (<u>Note: MAY BE PO</u> | | • | |
| | NEW YORK, NY 10010 | | NEW YORK, NY 10010 | | | |
| | 12/11/2019 | | M19000011758 | | | |
| (a) | Date of filing/registration in Florida UNISEARCH, INC. | 4. | Document number | - | | |
| (u) | Registered Agent and Registered Office shown on the records o 155 OFFICE PLAZA DRIVE | f the Flor | da Dept. of State: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRE | <u>SS)</u> | | | |
| | TALLAHASSEE, F | L | | | | |
| (b) | UNISEARCH, INC. | | | | | |
| . , | Enter name of NEW Registered Agent and/or NEW Registere | d Office | address: | C. | 202 | |
| | 1990 MAIN STREET | | | | 21 SEP | 5 |
| | NEW Registered Office Address: | | | | -2 | 6-15-101 |
| | SUITE 750-709 | | | | 2 PH | |
| | SARASOTA, F | L | | | 22 55 | U |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signce

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

| trille | hurt 1101 |
|-------------------------------|--|
| Signature of Registered Agent | Joelle Churik, Asst. Secretury |
| | Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| \bigcirc | FILING FEE: \$25.00 |