

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000057327 3)))



H210000573273ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : UNISEARCH, INC.
 Account Number : I2015C000103
 Phone : (612) 219-4300
 Fax Number : (651) 666-2789

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email Address: _____

LLC REGISTERED AGENT CHANGE
SPIN GLOBAL HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FEB 11 2021

M. SOLOMON

RECEIVED

2021 FEB 10 PM 1:14

2021 FEB 10 AM 10:54
 DEPT OF STATE
 DIVISION OF CORPORATIONS

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPiN Global Holdings LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Erickson

Name of Person

Unisearch, Inc.

Firm/Company

525 Park Street, Suite 247

Address

Saint Paul, MN 55103

City/State and Zip Code

Susan.Erickson@unisearch.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Erickson

at (651) 219-4300

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
2021 FEB 10 AM 10:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

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. Name of the limited liability company: SPiN Global Holdings LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
48 E. 23rd Street
New York, NY 10010
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
48 E. 23rd Street
New York, NY 10010
3. 12/11/2019 Date of filing/registration in Florida
4. M19000011900 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Florida Piling & Research Services, Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
155 Office Plaza Drive, Suite A
Tallahassee, FL 32301
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Uniscarch, Inc.
NEW Registered Office Address:
155 Office Plaza Drive
Tallahassee, FL 32301

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.

Susan Erickson

Signature of a member or authorized representative of a member

Authorized Person

Printed or typed name of signer

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.

Susan Erickson

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

2021 FEB 10 AM 10:55

FILED