M3/1000003500

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

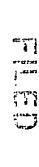
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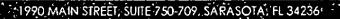
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202| SEP -2 PM 2: 54 SECRETARY OF SIMILE TALLAMASUMMENT



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:

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)	800 LINCOLN RD	(b) _	(b) 800 LINCOLN RD		
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	MIAMI BEACH, FL 33139	N	4IAMI BEACH, FL 331	BEACH, FL 33139	
	03/04/2021	M	21000002500		
	Date of filing/registration in Florida	4.	Document no	umber	
(0)	UNISEARCH, INC.				
(b)	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:		
	155 OFFICE PLAZA DRIVE				
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)			
	TALLAHASSEE , FL	32301		2021 SE(
	UNISEARCH, INC.			I SEP	
	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>ess</u> :	表 2 100	
	1990 MAIN STREET				
	NEW Registered Office Address:			F 5 5	
	SUITE 750-709		_ 	(F) +	
	SARASOTA , FI	34236			
iange gent v as/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered ability comp of the limite	office and the busines pany, it is hereby cont ed liability company o	s office of the registered irmed that the change(s)	
Signa	nure of a member or authorized representative of a member		Printed or type	ed name of signee	
here ovisi	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	ee to act in performand d for in Che hereby cont	this capacity. I furth ce of my duties, and I upter 605, F.S. Or, if irm that the limited lic	er agree to comply with the am familiar with and accep this document is being filed ability company has been	

FILING FEE: \$25.00