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## **COVER LETTER**

CASA NEOS GP, LLC	
SUBJECT:	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fcc(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
JOELLE CHURIK	
Name of Person	<del></del>
UNISEARCH, INC.	
Firm/Company	<del></del>
1990 MAIN STREET, STE 750-709	
Address	
SARASOTA, FL 34236	
City/State and Zip Code	<del></del>
UNISOP@UNISEARCH.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
JOELLE CHURIK 8 at (	88 617-4478
Name of Person	Area Code & Daytime Telephone Numbe
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 amoun	ıt:
S35 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (244)	

## 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 ROAD SUITE 300		(b) <u>800 LB</u>	NCOLN ROAD SUITE 300	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		` /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	MIAMI BEACH, FL 33139		MIAMI	I BEACH, FL 33139	
	MINIMI BENCH, FE 33137	_			
	03/24/2021		M210000	003389	
	Date of filing/registration in Florida	 4.		Document number	
(a)	UNISEARCH INC.				
(b)	Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DRIVE	the Flor	da Dept. of :	State:	
	Registered Office Address (MUST BE FLORIDA STREET				
	TALLAHASSEE , FI	32301		<u></u>	
	UNISEARCH, INC.				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			2022.	
	1990 MAIN STREET			2022 J. 11 - 3	
	NEW Registered Office Address:				
	SUITE 750-709			PA 2:	
	SARASOTA , FI	34236		25 25 TETE	
ingo ent v s/w	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of the organization or the operating agreement of the	registe ability of the l	ered office company, mited liab	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in	
igna	ture of a member or authorized representative of a member	_	<del></del>	Printed or typed name of signee	
ere ovisi obi	by accept the appointment as registered agent and aginous 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	ree to a perfor d for in hereby	ct in this c mance of r Chapter ( confirm th	capacity. I further agree to comply with t my duties, and I am familiar with and acc 605, F.S. Or, if this document is being fil hat the limited liability company has been	

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