## MZ1000013139

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## COVER LETTER

TO: Registration Section Division of Corporations					
NELBUD SERVICES, LLC SUBJECT:					
Name of	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.				
Please return all correspondence concerning this mat	tter to the following:				
JOELLE CHURIK					
Name of Person					
UNISEARCH, INC.					
Firm/Company					
1990 MAIN STREET, STE 750-709					
Address	<del></del>				
SARASOTA, FL 34236					
City/State and Zip Code					
UNISOP@UNISEARCH.COM					
E-mail address: (to be used for future annual re	eport notification)				
For further information concerning this matter, please	se call:				
JOELLE CHURIK	888 617-4478				
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 amo	ount:				
\$ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

## 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.

	51 KOWEBA LANE	()	51 KOWE	EBA LANE
(a) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  INDIANAPOLIS, IN 46201	(,	,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  POLIS, IN 46201
	INDIANAPOLIS, IN 40201	<del></del>		
	09/28/2021		M21000013	1139
(a)	Date of filing/registration in Florida UNISEARCH, INC.	4.		Document number
(11)	Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DRIVE	f the Florid	a Dept. of Stat	ic:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	, 20,2,2
	TALLAHASSEE, F	L <sup>32301</sup>		
(b)	UNISEARCH, INC.			2
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office a</u>	ddres <u>s</u> :	PH 2: 26
	1990 MAIN STREET			– Li
	NEW Registered Office Address: SUITE 750-709	-		_
	SARASOTA, F	L		_
inge ent v	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members acles of organization or the operating agreement of the	e register iability c of the lir	red office ar ompany, it i nited liabilit	is hereby confirmed that the change(s) ty company or as otherwise provided in
liana	ture of a representative of a member			Printed or typed name of signee
uRua	by account the appointment as registered agent and ag	gree to ac e perforn	rt in this cap tance of my Chanter 60	pacity. I further agree to comply with the duties, and I am familiar with and acce 5, F.S. Or, if this document is being file the limited liability company has been

FILING FEE: \$25.00