P22000030047

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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2022 JUL 26 PM 2: 14

A. BUTLER
JUL 27 2022

: COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: LAWGUARD SERVICES OF FLORII Name of Corporation	DA, INC.
DOCUMENT NUMBER: P22000030047	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
JOELLE CHURIK	
Name of Contact Person	
UNISEARCH, INC.	
Firm/Company	
1990 MAIN STREET, STE750-709	
Address	
SARASOTA, FL 347236	
City/State and Zip Code	
UNISOP@UNISEARCH.CO	M
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	please call:
JOELLE CHURIK	at (⁸⁸⁸)617-4478 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Fl on organized under the laws of the Sta or registered agent, or both, in the Sta	ate of FLORIDA		_	
1. The name of	the corporation: LAWGUARD SI	ERVICES OF FLORIDA, INC.	•			
2. The principal					_	
3. The mailing a	address (if different):	78-1-			_	
4. Date of incorp	poration/qualification: 04/04/2022	Document number: P2	2000030047			
5. The name and		istered agent and registered office on				
	INCORP SERVICES, INC.					
	17888 67TH COURT NORTH					
	LOXAHATCHEE, FL 33470					
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registe		2022 JUL 2	P	
	UNISEARCH, INC.			JE 2	g b cale yea saarshee	
	1990 MAIN STREET, SUITE 750	0-709	₹ \$	σ ;	- P	
		P.O. Box NOT acceptable	17.00 17.77	Æ 9: 2		
The street addre	ess of its registered office and th	e street address of the business offic		ð	ıt,	
Such change wa authorized by th	is authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or been notified in writing of the chang	by an officer so	0		
Keví	n Zierke	KEVIN ZIERKE, DIRECTO)R			
_		71				
i juriner agree i of my duties, an document is bei	the appointment as registered a o comply with the provisions of d I am familiar with and accepting filed merely to reflect a chan been notified in writing of this i	gent and agree to act in this capacit all statutes relative to the proper an the obligation of my position as reg, ge in the registered office address, I change.	y, id complete per istered agent, 'hereby confirr	rforman Or, if th n that th	ce iis ie	
Joelle Sign	Churik nature of Registered Agent	07/15/2026				
	half of an entity;					
	K, Asst. Secretary					
	ped or Printed Name	_				
	* * * FILI	NG FEE: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)