## 114000097029

Office Use Only



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K.SALY EXAMINER SEP 17 2015

## COVER LETTER

Division of Corporations				
UPN, LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
PAVEL UGLANOV				
Name of Person				
UPN, LLC				
Firm/Company				
10270 SWEET BAY STREET				
Address	·			
PLANTATION FL 33324				
City/State and Zip Code				
AP@NIKOLOGISTICS.COM				
E-mail address: (to be used for future annu	al report notification)			
For further information concerning this matter, p	lease call:			
Pavel Uglanov	305 900-6456			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
<b>☑</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

## 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. N	ame of the limited liability company: UPN, LLC		
2. (a)		(b	b)
-· ( <del>-</del> /	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Nate: MAY BE POST OFFICE BOX)
	18925 Atlantic Blvd,		18925 Atlantic Blvd
	Sunny Isles Beach, FL 33160	<del></del>	Sunny Isles Beach, FL 33160
	June 17,2014		L14000097029
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	1		
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	la Dept. of State:
	ANASTASIA UGLANOVA		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS	<u>s</u>
	15807 Biscayne Blvd, 201		ALL ST
	North Miami	33160	TALLAHASSEE, FLORIO
		· L	ASS
(b)	Enter name of NEW Registered Agent and/or NEW Registere		EF PR
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office ad	ddress:
	PAVEL UGLANOV	•	SEP IL PH 5: 38 CLAHASSEE, FLORIDA  ddress:
	NEW Registered Office Address:		
	18925 ATLANTIC BLVD		
	SUNNY ISLES BEACH	<sub>FL</sub> 33160	
the chagent was/w the ar	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the regi liability c s of the lin	gistered office and the business office of the registere company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
_	ature of a member or authorized representative of a member		
I here provis the ob- to me notific	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provid rely reflect a change in the registered office address, ed in writing of this change.	gree to ac te perform ded for in I hereby c	ct in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Signat	ture of Registered Agent		

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

INHS18 (2/14)