

A 14 000 000 294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

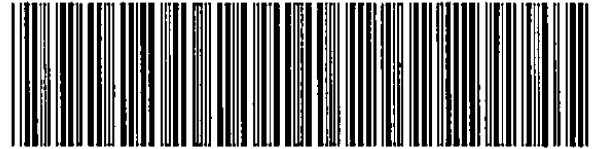
(Business Entity Name)

(Document Number)

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JUL 01 2019  
U.S. DEPARTMENT OF JUSTICE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 6300 UPTOWN CENTRE LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A14000000294

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

HARVEY SCHNEIDER, ESQ.

Contact Person

NP LAW

Firm/Company

5301 N. FEDERAL HIGHWAY, STE. 265

Address

BOCA RATON, FL 33487

City, State and Zip Code

HRSCHNEIDER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAWN HINDS

Name of Contact Person

at ( 561 )

367-1919

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Uptown Centre LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/05/2014  
Date of filing/registration in Florida

3. A14000000294  
Florida document number

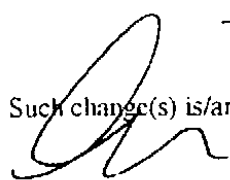
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NP Law  
Name  
1300 N. Federal Highway, Suite 106  
Address  
Boca Raton, FL 33487  
City, State and Zip

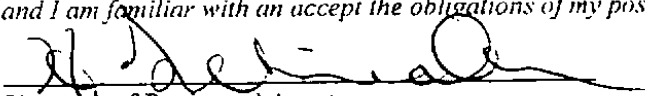
5. The name and Florida street address of the new registered agent and/or office:

NP Law  
Name  
5301 N. Federal Highway, Suite 265  
Florida street address (P.O. Box not acceptable)  
Boca Raton FL 33487  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
\_\_\_\_\_  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
Signature of Registered Agent

**Filing Fee:** \$35.00  
**Certified Copy (optional):** \$52.50

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