

F11 0000000379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

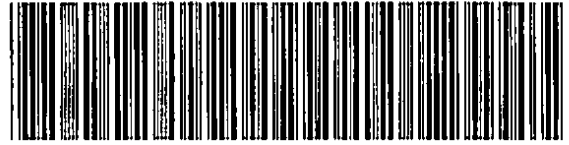
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

709-524-



300327228263

04/08/19--01028--015 \*\*\$5.00

2019 MAY 24 PM 1:55

FILED

C. GOLDEN

MAY 29 2019

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Upshift Computer Systems Inc.

Name of Corporation

**DOCUMENT NUMBER:** F11000000379

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

Please return all correspondence concerning this matter to the following:

Ron Chypyha

Name of Contact Person

Upshift Computer Systems Inc.

Firm/Company

2047 Castlefield Crescent

Address

Oakville, Ontario L6H 5B4 CANADA

City/State and Zip Code

JCHYPYHA71@GMAIL.COM

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

For further information concerning this matter, please call:

Ron or Jennifer Chypyha

at ( 905 ) 844-3195

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2019

RON CHYPYHA  
C/O 1 BEACH DRIVE SE  
SUITE 220  
ST. PETERSBURG, FL 33701

SUBJECT: UPSHIFT COMPUTER SYSTEMS INC.  
Ref. Number: F11000000379

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please correct number 4, the date of incorporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 519A00007799

RECEIVED

2019 MAY 24 PM 1:10

CLARETHA GOLDEN

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Canada in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Upshift Computer Systems Inc
2. The principal office address: 2047 Castlefield Cres  
Oakville, Ontario L6H 5B4 Canada
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: April 6, 2000 <sup>Jan 26 2011</sup> Document number: F11000000379

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Nix, Joe ICPA, Joe Nix

1 Beach Drive SEm Suite 220

St Petersburg, Florida 33701

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Joseph Nix

6800 Gulf Blvd

P.O. Box NOT acceptable

St Pete Beach, Florida 33706

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ron Chypyha

Signature of an officer or director

Ron Chypyha, President

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Joe Nix

Signature of Registered Agent

03/26/2019

Date

If signing on behalf of an entity:  
03/26/2019

Joseph Nix

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

Doc ID: 390711856db8c6f483d20e9b6b95a5c48c0a8ca1

2019 MAY 24 PM 1:55

FILED