F12000004606

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone #))
PICK-UP		MAIL
(Busii	ness Entity Name)	<u> </u>
. (Docu	iment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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	Office Use Only	

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 28, 2017

VICTOR LETOURNEAUT **UP-SIDE MANAGEMENT CONSTRUCTION COMPANY** 324 E 3RD STREET JACKSONVILLE, FL 32206

SUBJECT: UP-SIDE MANAGEMENT CONSTRUCTION COMPANY Ref. Number: F12000004606

UP-SIDE MANAGEMENT We have received vour document for CONSTRUCTION COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a Limited Liability Company, but your entity is a Foriegn Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 817A00005893



Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Up-Side Management Construction Company

Name of Corporation

DOCUMENT NUMBER: F12000004606

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

Please return all correspondence concerning this matter to the following:

Victor Letourneaut

Name of Contact Person

Up-Side Management Company Firm/Company

324 E 3rd Street

Address

Jacksonville, FL 32206 City/State and Zip Code

victor@up-sidemanagement.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Letourneaut: Name of Contact Person at (910) 494-2243 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

CR2E045 (03/12)

STERLING&COMPANY P.C.

324 East Main Street Washington, IN 47501 (812) 254-1138 Fax (812) 254-7355 www.sterlingcpa.com

May 9, 2017

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Change of Registered Agent

To Whom It May Concern:

I have enclosed the following documents for filing within your office:

- A copy of your letter dated March 28, 2017;
- Cover Letter;
- Statement of Change of Registered Office or Registered Agent or both for Corporations; and
- Check No. 5224 in the amount of Ten Dollars (\$10.00).

Please file the enclosed documents accordingly. Should you need anything further to expedite this filing please do not hesitate to contact our office.

Sincerely,

Amanda S. John Entity Specialist Ext. 112

• 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 North Carolina ______ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UP-SIDE MAN	AGEMENT CONSTRUCTION COMPANY
2. The principal office address: 324 E 3rd S	treet
	e, FL 32206
3. The mailing address (if different):	
4. Date of incorporation/qualification: <u>11/13/20</u>	D12 Document number: F12000004606
5. The name and street address of the current register Florida Department of State: (If resigned, enter res	•
Berquis Letourneaut	· · · · · · · · · · · · · · · · · · ·
7835 Crespi Blvd, A	pt 4
Miami Beach, FL 311	41
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered office
Victor Letourneaut	
324 E 3rd Street	NOT acceptable
Jacksonville, FL 322	

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.

cer or director

Victor Letourneaut, President

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.

of Registered Agent

5/09/2017

If signing on behalf of an entity:

Victor	Letourneaut
	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)