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NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	Resig	ndment gnation of R.A., ( ge of Registered llution/Withdraw	Officer/Directors Agent	FILED	
OTHER FILINGS	REGISTI	RATION/QUAL	IFICATION H	5. 5.	
Annual Report Fictitious Name		ed Partnership statement smark	مر بر	<b></b>	는 함  
		J	Examiner's Initials	<u> </u>	7

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Uplan	id Commerce LLC.
2. The mailing address of the limited liability company is:	P.O. Box 13372
Tallahassee, FL 32317	
O (p / 12 / 0 )  3. Date of filing/registration in Florida	L01000009356 4. Document number
5. The name of the registered agent and the registered office a Florida Department of State:    Jack Davids	e Dr
6. The name and address of the new registered agent and/or o	
Priscilla G. i	Davidson
7808 McChure	Dr.
Florida street address (P.O. Box I	NOT acceptable)
Tallahasace, City, State and Zip	FL 323/2 TALCARE A
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Floriand the business office of the registered agent will be identical liability company, it is hereby confirmed that the change(s) with members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member)	ys of the State of Florida it is hereby— ida street address of the registered office 1. Or, in the case of a Florida limited if as/were authorized by amaffirmative vote of provided in the articles of organization or
Priscilla G. Davidson (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position to the proper construction of the proper confirm this document is being filed to merely address, I hereby confirm that the limited liability company his confirmation of the limited liability company his limited liability l	ee to act in this capacity. I further agree to ir and complete performance of my duties, ion as registered agent as provided for in y reflect a change in the registered office as been notified in writing of this change.

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

INHS18(10/99)

(Signature of Registered Agent)

**FILING FEE: \$25.00**