

L04000058970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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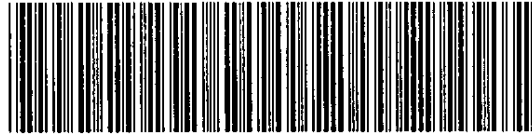
(Business Entity Name)

(Document Number)

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RECEIVED  
DIVISION OF CORPORATIONS  
TREASURER, FLORIDA

10 JUL 14 AM 10:18

10 JUL 14 PM 2:49

STATE PARTY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

JUL 15 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Uber Operations, LLC  
Name of Limited Liability Company

FILED  
DIVISION OF CORPORATIONS  
10 JUL 14 PM 2:48

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Frans de Wet

Name of Person

Uber Operations, LLC

Firm/Company

400 Capital Circle SE, Suite 18299

Address

Tallahassee, FL 32301

City/State and Zip Code

accounting@uberops.com

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

For further information concerning this matter, please call:

Shellie Scheider

Name of Person

at ( 888 )

900-8237

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:**

☒ \$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 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. Name of the limited liability company: Uber Operations, LLC

2. (a) Principal office address of limited liability company: 2244 Ten Oaks Drive

☒ (Note: **MUST BE STREET ADDRESS**) Tallahassee, FL 32312

(b) Mailing address of limited liability company: Uber Operations, LLC

☒ (Note: **MAY BE POST OFFICE BOX**) 400 Capital Circle SE, Suite 18299  
Tallahassee, FL 32301

08/09/2004 3. Date of filing/registration in Florida L04000058970 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Francis de Wet

Registered Office Address: 2244 Ten Oaks Drive  
Tallahassee, FL 32312

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: E. Dylan Rivers

**NEW** Registered Office Address: 123 South Calhoun Street  
**(MUST BE FLORIDA STREET ADDRESS)** PO Box 391  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Frans de Wet

Printed or typed name of signee

*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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

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