LD9000111889

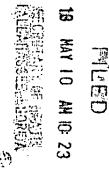
(Requestor's Name)			
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O SIMMONS MAY 1 5 2018

COVER LETTER

nited Liability Company
age and fee(s) are submitted for filing.
to the following:

ort notification)
call:
246-8200
Area Code & Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
ıt:
□ \$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 605.0114 or 605.0116, 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. Na	ame of the limited liability company:	up, LLC	
2. (a)	1783 San Silvestro Dr	(b) 1783 San Silvestro Dr	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Venice, Florida 34285	Venice, Florida 34285	
	December 10, 2009	L09000117889	
3.	Date of filing/registration in Florida	4. Document number	
	Rusiness Filings Incorporated		
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of State:	
		•	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1200 South Pine Island Road		
	Plantation, Florida		
	, FI		
(L)	Leslie Schoeck	ad Offfice address:	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
		23	
	NEW Registered Office Address:	w w	
	1783 San Silvestro Drive	•*	
	Venice . FI	L ³⁴²⁸⁵	
If the I the cha	imited liability company is not organized under the la ange or changes are made, the Florida street address of	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered	
agent v	will be identical. Or, in the case of a Florida limited li	liability company, it is hereby confirmed that the change(s)	
was/was/washe art	icles of organization or the operating agreement of the	of the limited liability company or as otherwise provided in e limited liability company.	
X	li Schoek	Leslie Schoeck	
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee	
provis the obt to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accep led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been	
(X)	re of Registered Agent		

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