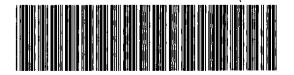


L11000033384

(Re	questor's Name)	
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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(Document Number)		
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12 JAN 17 PH 3:09

SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

Division of Corporations		
SUBJECT: Thinkup LLC	Limited Liability Company	
Name of	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Pannsy Brown		
Name of Person		
ThinkUp, LLC	· · · · · · · · · · · · · · · · · · ·	
Firm/Company		
6349 Castelven Dr, unit 1	03	
Address		
Orlando, FL 32835 City/State and Zip-Code		
City/State and Zip-Code		
Pannsy@ Hinkup. biz E-mail address: (to be used for future annual report	·	
E-mail address: (to be used for future annual report	notification)	
For further information concerning this mat	tter, please call:	
Pannsy Brown	at (407) 505-2956	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 JAN 17 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 29, 2011

PANNSY BROWN 6349 CASTELVEN DR UNIT 102 ORLANDO, FL 32835

SUBJECT: THINKUP, LLC Ref. Number: L11000032384

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

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 611A00028826

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: ThinkUp, I	-LC
2. (a) Principal office address of limited liability company	was made to anthon
(Note: MUST BE STREET ADDRESS)	orlando, FL 32835
(b) Mailing address of limited liability company:	6017 Westgate Dr. #921
(Note: MAY BE POST OFFICE BOX)	Orlando, FL 32835
March 16, 2011 3. Date of filing/registration in Florida	L11 0000 32384 4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Pannsy K. Brown
Registered Office Address:	6017 Westgate Dr, #921 Orlando, FL 32835
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	6349 Castelven Dr.
(MUST BE FLORIDA STREET ADDRESS)	unit 102 orlando ,FL 32835
If the limited liability company is not organized under the longitude that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member Pannsy Brown Printed or typed name of signee	orida street address of the registered office cal. Or, in the case of a Florida limited of was/were authorized by an affirmative of was/were authorized by an affirmative of organization of the articles of organization of CORPGRATIONS. PM 3: 09
I hereby accept the appointment as registered agent and ascomply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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