12000123535

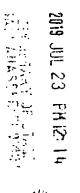
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

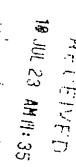
Office Use Only



100332243371

07/23/19--01001--020 **75.00





JUL 24 2019 M. SOLOMON

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 7/23/2019 | | <i>⇔WALK I</i> N** |
|------------------------|--|--------------------|
| ENTITY NAME UNION | TRADE LLC | |
| | | |
| DOCUMENT NUMBER_ | | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | |
| XXXX | Plain Copy | |
| | Certified Copy | |
| <u></u> | Certificate of Status | |
| | Certified Copy of Arts & Amendments Certificate of Good Standing | |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTINAT | 70N | |
| NUMBER OF CERTIFICAT | TES REQUESTED | |
| TOTAL OWED 25.00 | снеск # ⁶³⁹¹ | |
| Please call Tina at th | be above number for any issues or concerns. Thank you | so much! |

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. 1 | Name of the limited liability company: UNION TRAI | DE LLC | | |
|-------------------------------------|--|---|---|--|
| 2. (a |) | (b) | | |
| ` | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 322 Main Street | PC | D Box 1748 | |
| | Lakeville, CT 06039 | Lakeville, CT 06039 | | |
| | 09/26/2012 L120001 | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a | Corporation Service Company | | | |
| (| Registered Agent and Registered Office shown on the records of | | | |
| | Registered Office Address (MUST BE FLORIDA STRBET) 1201 Hays Street | <u>ADDRESS)</u> | | |
| | Tallahassee, Fi | 32301 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| (Ъ | Enter name of NEW Registered Agent and/or NEW Registered | Office address | | |
| | United Corporate Services, Inc. | | | |
| | NEW Registered Office Address: | | | |
| | 9200 South Dadeland Blvd., Suite 508 | | | |
| | Miami FI | 33156 | | |
| agent | limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the registered ability compa of the limited limited liabil | d office and the business office of the registered | |
| Sign | ature of a member or authorized representative of a member | | Printed or typed name of signee | |
| I her provide the old to me notific | eby accept the appointment as registered agent and agr gions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I will all in writing of this change. | ree to act in the performance of for in Chaphereby confirmance. | Marin and TA day of the same of the same of | |
| Signat | ure of Registered Agent | | | |