Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000036976 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (614)280-3338
Fax Number : (954)208-0845 annual report mailings. Enter only one email address please. **

Email Address:__

LLC REGISTERED AGENT CHANGE LIP ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

T. CLINE FEB 1-2019 EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

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

. Na	nme of the limited liability company: UP ENTERPR	ISES, LLC	
. (a)		(b)	Mailing address of limited liability company:
_	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9014 Mayfair Pointe Drive	Same	
	Orlando, F1 32827		<u> </u>
	09/24/2013		L13000135060
	Date of filing/registration in Florida	4.	Document number
. (a)	Registered Agent and Registered Office shown on the records		
	· ·	of the Florida Dept. of	f State:
	BMD FLORIDA SERVICE, LLC		<u> </u>
	Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRESS)</u>	25
	860 WEST MONROE STREET		AH AH
	JACKSONVILLE, FL	FL 32202	2019 JAN 31 JEURE JARY ALLAHASSEE
(b)			English R
(0,	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	PH 1:02
			11 02
	C T Corporation System		
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation	33324	
	Plantation	FL	<u> </u>
ne cha gent v	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	of the registered of Hiability company rs of the limited lia	office and the business office of the registe it is hereby confirmed that the change(s) ability company or as otherwise provided in
Signa	iture of a member or authorized representative of a member		Printed or typed name of signee
rovisi he obl o mere otgice	by accept the appointment as registered agent and thins of all statutes relative to the proper and complifications of my position as registered agent as provely reflect a change in the registered office address, d'in writing of this change. Opporation System The of Registered Agent (MA)	ele performance of	t my auties, and t am familiar with and acc

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