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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Upper Eastside Partners, LL	.C					
	Name of Limited Liability Company						
Dear Si	r or Madam:						
The enc	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.				
Please r	return all correspondence concerning thi	s matter to the	following:				
Jay H.	Solowsky, Esq.						
	Name of Person		_				
Solow	sky & Allen, P.L.						
	Firm/Company		·				
201 S	Biscayne Boulevard, Suite 915						
	Address		<u> </u>				
Miami.	, Florida 33131						
	City/State and Zip Code		·				
jsolow	sky@salawmiami.com						
E-	mail address: (to be used for future ann	ual report notif	ication)				
For furt	her information concerning this matter,	please call:					
Jay H.	Solowsky, Esq.	305 at (371-2223				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re _i Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314				
	Enclosed is a check for the following	amount:					
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy				
INHS18	(2/14)						

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: Upper Eastsi	de Pa	irtn	ers, LLC	; 			
	Principal office address of limited liability company:				Mailing address of lim			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			N	Mailing address of lim (Note: MAY BE PC)			
	1000 Brickell Avenue, Suite 920			1000 Bri	ickell Avenue, S	Suite 92	20	
	Miami, Florida 33131		_	Miami, F	Florida 33131			
	02/15/2018		L	1400006	68476			
3.	Date of filing/registration in Florida	4.	_	<u>-</u> .	Document number	er		
5. (a	Registered Agent and Registered Office shown on the records of	the Flor	ida E	Oept. of State	- e:			
	Jay H. Solowsky				_			
	Registered Office Address (MUST BE FLORIDA STREET) 201 S. Biscayne Boulevard, Suite 915	<u>ADDRE</u>	<u>(SS)</u>		_			
	Miami , FI	3313	31			퓻	N	
				<u> </u>	•	YLL/	010	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				-	CRETARY OF STAIL LAHASSEE, FLORIO	2018 APR 27	~ T.
				 -		RY (27	
	John Decaro				_	-FS	R	
	NEW Registered Office Address:					OR:	ά	
	1000 Brickell Avenue, Suite 920				-	0 A	50	
	Miami, FL	3313	1		-			
the chagent was/v	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	f the rea ability of the li	giste con imite	ered office pany, it is ed liability	e and the business of the horizontal streets and the horizontal streets are streets and the horizontal streets and the horizontal streets are street and the horizontal streets and the horizontal streets are streets and the horizontal streets are street and the horizontal streets are street and the horizontal streets are streets and the horizontal streets are street and the horizontal streets are streets and the horizontal streets are street and the horizontal streets are street and the horizontal streets are street and the horizontal streets are streets are street and the horizontal streets are streets are street and the ho	office of	the reg	gistered e(s)
	- Jan			5A	Y SOLUNKY Printed or typed nam			
_	nature of a member or authorized representative of a member eby, accept the appointment as registered agent and agree with sof all statutes relative to the proper and complete pligations of my position as registered agent as provide rely reflect a change in the registered office address, I all in writing of this change.	ree to a perfor d for ir hereby	act ii man n Ch con					vith the l accept ng filed been
Signal	ure of Registered Agent							
//	Division of Corporations • P.O. 1	Box 63	27●	Tallahas	see, FL 32314			

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 3231 FILING FEE: \$25.00