L16000/622-17

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/10/2024		
Name:	Cheyanne Davis	_ _	
Reference	#: 2590321		
	e:UPP I	FLORIDA, LLC	
☐ Artic	les of Incorporation/Authorization	on to Transact Business	
☐ Ame	endment		
✓ Change of Agent			
Reinstatement			
Conversion			
☐ Merger			
☐ Dissolution/Withdrawal			
☐ Fictitious Name			
Othe	er		
Authorized	Amount: \$25.00		
Signature:	(Chumi Paire		

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 UPP Florida, LLC Name of the limited liability company: _____ 450 Plymouth Road, Suite 300 450 Plymouth Road, Suite 300 (b)_ Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BON) Plymouth Meeting PA 19462 Plymouth Meeting PA 19462 08/29/2016 L16000162217 3. Date of filing/registration in Florida Document number Lakeman, Theodore Rockwell, Controller Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD **PLANTATION** 33324 Cogency Global Inc. (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 115 North Calhoun Street, Suite 4 **NEW** Registered Office Address: Tallahassee 32301 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Michael Morgioni, CFO /s/ Michael Morgioni Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified if firiting øfjthis chapge. hela Lawoll Signature of Registered Agent

Sheila Carroll, Assistant Secretary Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00