Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323) 962-8600 Fax Number : (323) 962-3889

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Email A	Address:			
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LLC REGISTERED AGENT CHANGE **UDGE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

S. WARREN NOV 20 2017

COVER LETTER

TO:		stration Section sion of Corporations		
SUBJI	ECT:	UDGE LLC		
		Name	of Limited	Liability Company
Dear S	Sir or N	vladam:		
The en	nclosed	l Registered Agent/Registered Office	: Change a	nd fee(s) are submitted for filing.
Please	returi	all correspondence concerning this	matter to tl	ne following:
Chey	yenne	e Moseley		
	_	Name of Person		_
Lega	alzoor	m.com, Inc.	_	
		Firm/Company		
101	N. Br	and Blvd., 10th Floor		. <u></u>
		Address		
Glen	idale,	CA 91203		
		City/State and Zip Code		
-	_	gmail.com		
	E-mai	l address: (to be used for future annu	al report n	otification)
For fi	ırther	information concerning this matter, p	olease call:	
Che	yenne	e Moseley	800 at (773-0888 ext 9724
	_	Name of Person		Area Code & Daytime Telephone Number
		REET/COURIER ADDRESS:		MAILING ADDRESS: Registration Section
		gistration Section vision of Corporations	Division of Corporations	
		fton Building		P.O. Box 6327
	260	51 Executive Center Circle lahassee, Florida 32301		Tallahassee, Florida 32314
	En	closed is a check for the following	amount:	
		\$25 Filing Fee		\$55 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.

Nan	ne of the limited liability company: UDGE LLC					
a) _	270 1ST ST NW	C)	(b) 270 1ST ST NW			
и) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		7.·	Mailing address of (Note: MAY BE	limited liability company: POST OFFICE ROX)	
	NAPLES, FL 34120		NAPL	ES, FL 34120		
	06/01/2017		L1700	0120590		
•	Date of filing/registration in Florida	4.		Document nur	mber	
a)	CATTIROLO, LIONEL R					
1)	Registered Agent and Registered Office shown on the records of	the Florid	a Dopt. of	State:	17	
	270 1ST ST NW				F1 NOV 1	
	Registered Office Address (MUST BE FLORIDA STREET	<u>addres</u>	<u>s)</u>			
	NAPLES , 13, 34120				四年春日	
(D)			<u> </u>			
	UNITED STATES CORPORATION AGENT		종화 5			
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:		م. ا	
	13302 WINDING OAK COURT, SUITE A					
	NEW Registered Office Address:	<u> </u>				
		···				
	TAMPA , F	<u> 33612</u>	<u></u>			
cha nt v /wc arti	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the reg liability of of the li- e limited	istered o company mited lia	iffice and the busing, it is hereby confined bility company or secondary or secondary.	rmed that the change(s) as otherwise provided in	
igna	ture of a member or authorized epresentative of a member			Printed or typed		
visi obl nere	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing ignitions of my position as registered agent as providely reflect a change in the registered office address. If the change is the change of this change is the change of this change is states corporation agents, increase of Registered Agent	e perjori led for in I hereby	Chapter confirm	capacity. I furthe my duties, and I a 605, F.S. Or, if the that the limited lia.	r agree to comply with the m familiar with and accep his document is being filed bility company has been	