L17000258136

(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

A. RIVERS FEB 2 2 2023



700397714677

11/13/10 01017--024 44215.00

ZUZZ NUV Z9 AH IO: 42 SEORCIAN CUTS TAL TALLANASSEE FLORIS

1022 NOV 29 AM 10: 4

COVER LETTER

Division of Corporations			
UNION COMMERCE CAPITAL LLC SUBJECT:			
	nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Valerie Valochik			
Name of Person			
Brenner Kaprosy Mitchell, L.L.P.			
Firm/Company			
30050 Chagrin Blvd., Suite 100			
Address			
Pepper Pike, OH 44124			
City/State and Zip Code			
vvałochik@brenner-law.com			
E-mail address: (to be used for future annual repor	t notification)		
For further information concerning this matter, please ca	all:		
Valerie Valochik 21	6 292-5555		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount	:		
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

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.

	Name of the limited liability company:			<u> </u>	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	Mailing address of lim	nited liability company:
	20600 Chagrin Blvd., Suite 425		20600 Cha	grin Blvd., Suite 42	5
	Shaker Heights, OH 44122		Shaker He	ights, OH 44122	
	December 19, 2017		L170002581	36	
3.	Date of filing/registration in Florida	— 4.		Document numbe	
5. (a)					•
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florid	a Dent of State	- »·	
	Stephen M. Krutowsky		a popi. or state	- ·	
	Registered Office Address (MUST BE FLORIDA STREET	ADDREC	<u> </u>	-	
	7106 Eagle Terrace				
	West Palm Beach , F			•	
	,			-	~>
(b)					2022 NOV
	inter name of NEW Registered Agent and/or NEW Registered Office address:			5	
	BKM Florida Agent Corp.				NOV 29
	NEW Registered Office Address:				mer 🖭
	14250 Royal Harbour Court, #313				AN 10: 43
					037
	Ft. Myers, FI	33908			5- 0
agent w was/wei the artic	or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited little authorized by an affirmative vote of the members of the organization or the operating agreement of the fill of a member of a member of a member of a member of a member.	registere ability co of the lim limited I	ed office and mpany, it is ited liability iability comp	the business offic hereby confirmed company or as of pany. Aufw Printed or typed name	the of the registered that the change(s) therwise provided in the of signee
the oblig to merel notified	y accept the appointment as registered agent and agr ins of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change.	d for in C tereby co	Thapter 605, on firm that the	F.S. Or, if this do te limited liability	nttur with and accept ocument is being filed company has been
	_				