## 118000144235

(Re	questor's Name)	
(Ád	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

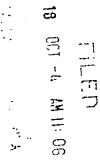
Office Use Only

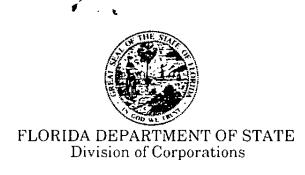


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Uovices to refer #### \*#25.00

09/20/18==01007:-010 \*+25.00





September 22, 2018

ROBERT GRAVES 1040 MARLIN LAKES CIR, STE 1628 SARASOTA, FL 34232

SUBJECT: UBERGIGZ LLC Ref. Number: L18000144235

We have received your document for UBERGIGZ LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 418A00019824

2018 OCT - 4 AM 11: 13

## COVER LETTER

Division of Corporations	
SUBJECT: Subject 6.92	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Folset Grave: Name of Person	<u>S</u>
Ubergiyz Firm/Company	
1040 Marlin Lake	Les Circle Svite 1628
Sarasofu F/ City/State and Zip Code	34232
Support @ Ubergigz. E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter	er, please call:
Robert Graves Name of Person	at ( 941 ) 72.4 -73.38 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

TO: Registration Section

## 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 to/tau.
1. Name of the limited liability company: Ubel 6 igz CC
2. (a)
2. (a)
1040 Marlin Lakes Co # 1628 1040 Marlin Lakes Cir 1628
Sarasota FL 34232 Sarasota Fl 34232
6-11-2018 L18000144235  Date of filing/registration in Florida 4. Document number
3. Date of filing/registration in Florida 4. Document number
5. (a)
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Donna K Cramer  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1040 Marlin Lakes Cir 1628  Sarusota .FL 34232
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1040 Marlin Lakes Cir 1628
= 7 (1) / 10E 3
Sarusota FL 34232
in the second of
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Robert Gaves
NEW Registered Office Address:
1040 Martin Lakes Cir #1628
•
Sara sota FL 34232
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 register
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.
Dance K Comer
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 file to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.
Signature of Registered Agent

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