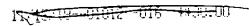
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(Requestor's Name)								
(Address)								
(Address)								
•								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Dusiness Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
operation to thing officer.								

Office Use Only



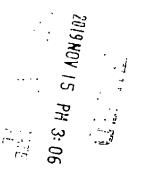
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COVER LETTER

TO:	Registration Section Division of Corporations		· •							
SUBJE	UPRIGHT CONSTRUCTION	N AND EST	ATE MANAGEMENT, LLC							
50000		ne of Limited	Liability Company							
Dear Si	r or Madam:									
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.										
Please r	Please return all correspondence concerning this matter to the following:									
JOH B	BALDRIDGE III									
_	Name of Person									
UPRIC	GHT CONSTRUCTION AND EST	TATE MANA	AGE							
	Firm/Company									
3914 L	_A RAMBLA									
	Address									
GREE	NACRES, FL 33467									
	City/State and Zip Code									
JOHN	@BUILDITUPRIGHT.COM									
E-	mail address: (to be used for future ann	ual report not	ification)							
For furt	her information concerning this matter.	please call:								
HANIA	L. BALDRIDGE	561 at (633-5424							
	Name of Person		Area Code & Daytime Telephone Numb							
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:										
	□ \$25 Filing Fee		S55 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.

I. N	ame of the limited liability company: UPRIGHT CC	NSTR	RUCTION .	AND ESTATE	MANAC	SEME	NT, LL
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3914 LA RAMBLA	(1		Mailing address of lin (Note: MAYBEP	nited liabil OST OFF	ity comp <i>ICE BO</i>	any:
	GREENACRES, FL 33467			NACRES, FL 33467			
	2/26/2019	L19000055477					
3.	Date of filing/registration in Florida	4.		Document number	er		_
5. (a)	Registered Agent and Registered Office shown on the records of the JOHN BALDRIDGE III Registered Office Address 7613 SEABREEZE DR	the Florid	a Dept. of Stat	_ e: -			
	LAKE WORTH, FL	33467		<u>-</u> -	, •	2019 NOV	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> <u>NEW Registered Office Address:</u>	Office ad	ldress:	-		V 15 PH 3: 06	
	GREENACRES	33467		-			
the cha agent was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of itles of organization or the operating agreement of the	vs of the the reginbility confirms the linglimited	State of Flostered office ompany, it is nited liabilit	e and the business s hereby confirme y company or as o npany. _DRIDGE	office o d that the otherwise	f the re e chang provid	gistered re(s)
I here provisi the obi to mer notified	ture of a member or suthorized representative of a member by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have the property of this change.	ec to ac. perform l for in C sereby c	t in this cap ance of my Chapter 605 onfirm that	Printed or typed nan acity. I further ag duties, and I am fo i, F.S. Or, if this a the limited liabilit	rea to ce	smale s	vith the l accept ng filed been