

L20 000143858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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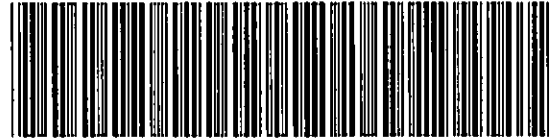
(Business Entity Name)

(Document Number)

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JUN 30 2020

S. YOUNG

The Law Office of
LAWRENCE M. BURRELL, JR., P.A.
Attorney and Counselor at Law

Lawrence M. Burrell, Jr.
General Civil Litigator

June 8, 2020

2880 S.E. Downwinds Rd.
Jupiter, Fla. 33478

Paralegal
Pamela Burrell, R.N.

(561) 747-5705

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Email: attorney@lmburrell.com
Website: www.lmburrell.com

Florida Division of Corporations
Registered Agent Change
PO Box 6327
Tallahassee, FL 32314

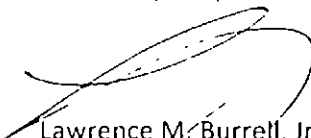
Re: Registered Agent Change
N10UP, LLC
Document Number L20000143858

Dear Florida Division of Corporations:


We are sending to your attention a registered Agent Change Form along with a Check in the amount of \$25.00.

We thank you for your help with this matter.

Yours very truly,



Lawrence M. Burrell, Jr.
Email: info@LMBurrell.com
Office Phone 561-747-5705
Cell 561-371-9871



CERTIFICATE DESIGNATING CHANGE
OF
REGISTERED AGENT

In compliance with section 605, Florida Statutes, the following is submitted:

1. Name of the limited Liability Company is N1OUP, LLC.
2. The date of filing or registration in Florida was 06/02/2020
3. The document number is L20000143858
4. The current Registered Agent is Filings, Inc. and the street address of the Registered office is 3732 N.W. 16th Street, Ft. Lauderdale, Florida 33311
5. The name of the successor Registered Agent is Lawrence M. Burrell, Jr.
6. The street address of the new Registered Office is: 2880 S.E. Downwinds Road, Jupiter, Florida 334 78.
7. Such change of Registered Agent and Registered Office was 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 above named Limited Liability Company.

Date: June 8, 2020

Signature _____
(Member or authorized representative of Member)

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, Florida Statutes.

Date: 6-8-2020

Signature _____

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