L20 000 372397

(Requestor's Name)						
(Address)						
——————————————————————————————————————	dress)					
(Cit	ry/State/Zip/Phone	: #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2022

MATTHEW EIDELSTEIN 615 OCEAN DRIVE UNIT 7B KEY BISCAYNE, FL 33149

SUBJECT: UNIVERSAL NOTE FUND LLC

Ref. Number: L20000372397

We have received your document for UNIVERSAL NOTE FUND LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 622A00026633

2022 DEC 27 PH 4: 1

COVER LETTER

10:	O: Registration Section Division of Corporations					
SUBJ	ECT:	Universal Note	Fo	nd UC Liability Company		
Dear S	Sir or Madam:	,		······································		
The er	nclosed Registered Ago	ent/Registered Office Chang	ge and	I fee(s) are submitted for filing.		
Please	return all corresponde	ence concerning this matter	to the	following:		
		CidelStein ne of Person Jote Fund LC n/Company				
	615 Ocea	n Drive Unit 7			2027	
	KLY DISCOYN City/Sta	te and Zip Code		<u> </u>	2022 DEC 27	
<u>_W</u>	aH. Cidelsta E-mail address: (to be	Manual report	t noti		27 PH 4:	
For fu	rther information conc	eerning this matter, please ca	all:	<u>:</u> ·	-	
	Nathew Gide		105) 812-1186 Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporate P.O. Box 6327 Tallahassee, FL 32	rations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check	for the following amount	:			
	S25 Filing Fee			355 Filing Fee & Certified Copy		
INHS	18 (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.

1. N	ame of the limited liability company:Universes	2 Note Fund, UC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Himited liability company: E POST OFFICE BOX)
	615 Ocean Drive Unit 7B		
	Key Biscayne, FL 33149	Key Biscayne, F	1 33149
3.	Date of filing/registration in Florida		
5. (a)	Mathon Sidolstoin	The Florida Dent of State:	
(b)	Registered Office Address (MUST BE FLORIDA STREET. 650 Ocean Drive Miss Suite 7B Key Biscayal	33149	2022 DEC 27 PH 4: 17
	Kay Biscayre	33149	
change agent was/w the art Signi	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of igles of organization or the operating agreement of the attree of a member or authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I in the proper and complete of in writing of this change.	ability company, it is hereby confirm of the limited liability company or a limited liability company. Matheway Gall Printed or typed	office of the registered med that the change(s) is otherwise provided in same of signee

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

Signature of Registered Agent