## L20 000 379 810

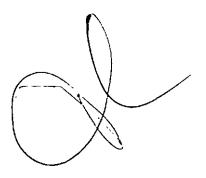
(Requ	uestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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## 2022 DEC 27 PH





2022 DEC 27 PH 2: 17

## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2022

MATTHEW WIDELSTEIN 615 OCEAN DRIVE UNUTE 7B KEY BISCAYNE, FL 33149

SUBJECT: UNIVERSAL PRIVATE LOANS LLC

Ref. Number: L20000379810

We have received your document for UNIVERSAL PRIVATE LOANS 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: 122A00026615

2022 DEC 27 PH 4: 09

## COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	TT: Universal Private L	pans uC
	Name of Limi	ted Liability Company
Dear Sir o	or Madam:	
The enclo	osed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filling.
Please ret	turn all correspondence concerning this matter t	o the following:
	Nathew Edulstein Name of Person	
U	niversal Private Loans, LCC Firm/Company	
(	15 Ocean Drive Unit 78  Address	
_Ke	Y Biscayne FL 33149 City/State and Zip Code	
	H. Eidelstein Opmail. com mail address: (to be used for future annual report	notification)
For furth	er information concerning this matter, please ca	11:
	at hew Cide Istein at (3	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
ł	Enclosed is a check for the following amount:	
	■ \$25 Filing Fee	☐ \$55 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.

1. Na	me of the limited liability company:Universal	2 Privat	e Loans, LL	C		
2. (a)		(b)				
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	lress of limited liabili LAY BE POST OFF	-	-
	615 Ocean Drive, Unit 7B	_	615 0000	n Drive Unit	78	
	Key Biscayne, FL 33149	<del></del> _		yne FL 33	_	_
	12/4/2020		<u>L200003</u>			
3.	Date of filling/registration in Florida	4.	Docume	nt number		
5. (a)	Matthew Eidelstein	a. Florida Do-				
	Registered Agent and Registered Office shown on the records of	ine riorida i iej	or grate.			
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	<del></del>		2(	
	650 oceanir. Suite 8C		<u> </u>		)22 D	
	Key Biscayne 3 , FL	33149			2022 DEC 27	
(b)	Matthew Eidelstein					
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u>iv</u> ;		P# 4:	الرية.
					: 09	
	NEW Registered Office Address:					
	615 ocean Dr., Unit 7B					
	Key Biscayne FL	3314	<u> </u>			
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of the operating agreement of the	registered o ability comp of the limited limited liabi	office and the bus any, it is hereby of I liability compar lity company. MaHhuw G	iness office of the confirmed that the my or as otherwise	registe e change provid	ered e(s)
_	ture of a member or authorized representative of a member			r typed name of signe		iels elsa
provisi the obi to mer notifie	by accept the appointment as registered agent and agrions 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 I in writing of this change.	ee to act in a performance of for in Chap iereby confi	ims capacity. 1 fi e of my duties, an vier 605, F.S. Or rm that the limite	winer agree to co id I am Jamiliar w ir, if this documen id liability compa	impty w ith and t is bein ny has l	un ine accept g filed been
Signatu	re of Registered Agent					