Florida Department of State Division of Corporations Electronic Fling Cover Sheet

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H240001302603ABCS

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FILE RIGHT LLC
Account Number : I20170000091
Phone : (718)878-5811
Fax Number : (718)732-4580

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE UPTOWN MC LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: UPTOWN MC LLC

Name of Limited Liability Company

Dear Sir or Madam:

Mark Fuchs

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company		
1425 37th Street, Suite 201	•	
Address		
Brooklyn, NY 11218		
City/State and Zip	Code	_
agent@fileacorp.com		
E-mail address: (to be used for fut	ure annual report notifi	cation)
For further information concerning this	matter, please call:	
Sara Ringel	718	878-5811

at (

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

■ \$25 Filing Fee INHS18 (2/14)

☐ \$55 Filing Fee & Certified Copy

H240001302603

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.	Νε	ame of the limited liability company: <u>UPTOWN</u>	MC LLC	<u> </u>		
2.	(a)	172 Madison Avenue Suite 501 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability compa		
		Lakewood, NJ 08701				
3.		12/16/2020		L20000389159		
•		Date of filing/registration in Florida	4.	Document number		
5	(a)	NONE				
٠.	(4)	Registered Agent and Registered Office shown on the records of t	he Plorida Dept	i. of State:		
		1200 South Pine Island Rd, Plantation, FL 33326				
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			
			<u> </u>			
	<i>a</i> >	El Mide DA Occión II C		~)		
	(b)	File Right RA Services, LLC Enter name of NEW Registered Agent and/or NEW Registered	Office address:	2024 AT R		
				A		
		625 E Twiggs Street, Ste. 110		1 .		
		NEW Registered Office Address:				
				PH 5: 1:2		
		Tampa, FL 33602		· · · · · · · · · · · · · · · · · · ·		
ag w	ange ent v	imited 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 liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered of bility compa of the limited	ffice and the business office of the registerny, it is hereby confirmed that the chang I liability company or as otherwise provide	c(s)	
	/s/ Mark Fuchs			Mark Fuchs, Authorized Person		
	-	ture of a member or authorized representative of a member		Printed or typed name of signee		
pr th to	oviși e obi mer itifie	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 had in writing of this change. Mark Fuchs	ee to act in to performance I for in Chap pereby confir	this capacity. I further agree to comply we of my duties, and I am familiar with and oter 605, F.S. Or, if this document is being that the limited liability company has	ith the accept g filed been	
Si	gnatu	ire of Registered Agent				