

L21000205520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

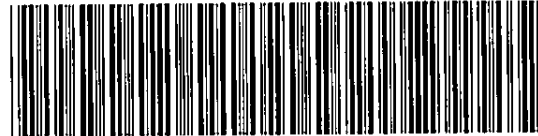
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2024 OCT 28 PM 3:49
SECRETARY OF STATE
MICHIGAN

COVER LETTER

TO: Registration Section
Division of Corporations

AMERIUP LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

PHUONG NGUYEN

Name of Person

Firm/Company

22768 SW 64TH WAY

Address

BOCA RATON, FL. 33428

City/State and Zip Code

duyphuong.2000@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHUONG NGUYEN

305 763 0282

Name of Person

at (_____) _____

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

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: 22768 SW 64TH WAY BOCA RATON, FL. 33428 22768 SW 64TH WAY BOCA RATON, FL. 33428

2. (a) _____ Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) _____ Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

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4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
777 SW 37TH AVENUE, SUITE 510

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI 33135
FL

PHUONG NGUYEN

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

22768 SW 64TH WAY

NEW Registered Office Address:

BOCA RATON 33428
, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were 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 limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signer

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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

FILED
2024 OCT 28 PM 3:49
SECRETARY OF STATE
211 ALABAMA CAPITOL