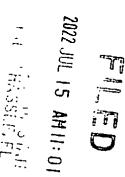
## 

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone #	)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name	<del></del>			
(Document Number)					
Certified Copies	_ Certificates of	f Status			
Special Instructions to Filing Officer:					





07/15/22--01017--012 \*\*25.00





## **COVER LETTER**

TO: Registration Section Division of Corporations	•		
SUBJECT: 8UP INVESTMEN	NTS L.L.C.		
	Name of Limited Liabil	lity Company	•
Dear Sir or Madam:			
The enclosed Registered Agent/Re	egistered Office Change and fee(	(s) are submitted for filing.	
Please return all correspondence o	oncerning this matter to the follo	owing:	
Melissa Jones			
Name of	Person		
ZenBusiness Inc.			
Firm/Con	mpany		
336 E. College Ave. Suite 301		7: 	2022 JUL 15 AM 11:01
Address	5		F 1
Tallahassee, FL 32301		VSSE SE	5 **
City/State and	d Zip Code		=
ra@zenbusiness.com			10
E-mail address: (to be used f	for future annual report notificati	on)	
For further information concerning	g this matter, please call:		
Melissa Jones	844 at ( )	493-6249	
Name of Person	A	rea Code & Daytme Telephone Numbe	er Er
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	is E T 2	Registration Section Division of Corporations The Centre of Tallahassee 1415 N. Monroe Street. Suite 810 Tallahassee. FL 32303	
Enclosed is a check for t	he following amount:		
□ \$25 Filing Fee	□ \$55 F	iling 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. <b>N</b>	ame of the limited liability company: 8UP IN	/ESTI	MENTS	L.L.C.
2. (a)	10917 DAYBREAK GLEN		ม 10917	DAYBREAK GLEN
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(	· / <del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DUETTE, FL 34219		DUET	TE, FL 34219
		<del></del>		
	06/01/2021		L21000	0253998
3.	Date of filing/registration in Florida	4.	1	Document number
5. (a)	Registered Agents Inc.			
` '	Registered Agent and Registered Office shown on the records	of the Florid	ia Dept. of State	:
	7901 4th St N			
	Registered Office Address (MUST BE FLORIDA STREE	T.ADDRES	<u>27</u>	. 2
	STE 300			022
	St. Petersburg	FL_33702		FILE MI
<b>(</b> b)	ZenBusiness Inc			<b>΄</b> ,
	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:	SECTION 10
	336 E. College Ave.			0
	NEW Registered Office Address:			
	Suite 301			
	Tallahassee	32301		
	<del></del>	FL		
change	limited liability company is not organized under the le or changes are made, the Florida street address of the	be register	red office and	the business office of the registered
was/w	will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the second control of the	s of the lir	nited liability	company or as otherwise provided in
_	Monte Scotton		onte Scot	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	thy accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, ali	gree to ac le perforn ded for in I hereby c	t in this capa nance of my d Chapter 605, confirm that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signati	ne of Registered Agent			