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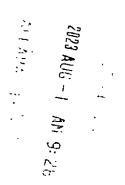
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



700413198677

08/01/23--01035--009 **25.00





COVER LETTER

Registration Section

Division of Corporations

TO:

| SUBJECT: Groundup Retail Name of Limited Lia | bility 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 fo | llowing: | | | | | |
| ROOSEVELT Pearcon III | _ | | | | | |
| Groundup Retail L.L.C. | _ | | | | | |
| 1099 antiqua cir. | _ | | | | | |
| Pensacola FL 32506 City/State and Zip Code | _ | | | | | |
| RPC(2332@gmail_com E-mail address: (to be used to future annual report notification) | ation) | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| ROOSevelt Pearson III at (1850) Name of Person |) 776 · 4729 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 | | | | | |

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

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.

| t. Na | ame of the limited liability company: | UP RE | etail L.L | ~. C. |
|--------------------------------|---|---------------|---------------------------------------|--|
| | 1099 antiqua Civ. | 1 | | - |
| 2. (a) | Principal office and ess of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | - | nited liability company: OST OFFICE BOX) |
| 2 | 7/18/2023 | | 1000320 | |
| 3. | | 4. | Document numbe | :r |
| 5. (a) | Registers Agent and Registered Office shown on the records of the I | | | |
| | | mons | | 202 |
| | Suite 400 | | <u>.</u> | <u>ده</u> |
| | Fort Myers .FL | 33907 | | 2023 AUG-1 |
| (b) | ROOSQUEST PERVION III Enter name of NEW Registered Agent and/or NEW Registered Offi | | • | 子。 |
| | 1099 Antiqua Cir NEW Registered Office Address: | | _ | . 20 |
| | Pensauola, FL 3 | 32504 | | |
| | imited liability company is not organized under the laws o | | | |
| | e or changes are made, the Florida street address of the reg will be identical. Or, in the case of a Florida limited liabili | | | |
| | ere authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limi | | | therwise provided in |
| 1 | my Jon- | Roos | · · · · · · · · · · · · · · · · · · · | \circ |
| Signat | ture of a member or authorized representative of a member | . 100.21 | Printed or typed nam | ne of signee |
| provisi the obli to mere | by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perflications of my position as registered agent as provided for ely reflect a change in the registered office address, I here in writing of this change. | tarmance at m | v duties, and Lam ta | miliar with and accept |
| Signatur | ire of Registered Agent | | | |