L23000221393

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

Office Use Only



500437456575

10/04/24--01019--016 **35.00

PILED

2024 NOV -1 AM 8: 35



Division of Corporations	
SUBJECT: Upstream Sol. Name of Limited Liab	tions LLC ility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to the following	lowing:
Michelyne Pinard Name of Person	
Upstream Solutions	LLC
13619 Granger Aug Address J	
Orlando FL 3283 City/State and Zip Code	7
mif O upstream solutions. E-mai address: (to be used for future annual report notificat	CO
For further information concerning this matter, please call:	
Michelyne linard at (413)) 884 - 4734 Area Code & Daytime Telephone Number
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 I	Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 21, 2024

MICHELYNE PINARD 13619 GRANGER AVENUE ORLANDO, FL 32827

SUBJECT: UPSTREAM SOLUTIONS LLC

Ref. Number: L23000221393



Letter Number: 924A00023163

We have received your document for UPSTREAM SOLUTIONS 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):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

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.

I. Na	ime of the limited liability company:	Upstre	am Solv-	tions CLC	·
2. (a)	Principal office address of limited liability compan		Mailing address	Cronser A of limited liability company: BE POST OFFICE BOX	<u>Lu</u> <
	Orlando, FL 3282	97	Orlando	FL 328.	27 _
3.	5/4/23 Date of filing/registration in Florida		L23000 Document n	0 22 1 3 9 3	
	United States (a Registered Agent and Registered Office shown on the reco	rporation of the Florida D	A Sent	s, Inc.	
	Registered Office Address (MUST BE FLORIDA STR			2024 NOV	TI ==
(b)	Tacksonvilly Michelyne P. Enter name of NEW Registered Agent and/or NEW Regis	nard		2024 NOV -1 AM 8: 35	LED
	13619 Gronger NEW Registered Office Address:			DA.	
	Orlando	_, FL	1827		
change agent w was/we the artic	imited liability company is not organized under the or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization or the operating agreement of	of the registered ted liability com bers of the limite	office and the busines pany, it is hereby conf ed liability company of pility company.	s office of the registered irmed that the change(s)	n
I heret provision the oblit to mere notified	ture of a member of authorized representative of a member by accept the appointment as registered agent an ons of all statutes relative to the proper and comigations of my position as registered agent as provided reflect a change in the registered office address in writing of this change.	d agree to act in plete performan ovided for in Chi ss, I hereby conj	this canacity I furth	er agree to comply with t	the