## L990000 07877

(Requestor's Name)				
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(Address)				
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**S Warren**JUL 2 6 2016

## COVER LETTER

	Registration Section Division of Corporations		
SUBJEC			
	Name	of Limited Liability C	ompany
Dear Sir	or Madam:		
The encl	losed Registered Agent/Registered Offic	e Change and fee(s) ar	e submitted for filing.
Please re	eturn all correspondence concerning this	matter to the following	g:
Nicola	Ubaldini		
	Name of Person		
U Profi	it I I C		
	Firm/Company		
30522	US Hwy 19N Suite 105	•	
	Address		
Palm H	Harbor, FL 34684		
	City/State and Zip Code		
doreer	nfruci@tampabay.rr.com		
E-1	mail address: (to be used for future annu	al report notification)	
For furth	ner information concerning this matter,	lease call:	
Doreer	n Fruci	727 727	7-5600 x22
	Name of Person	Area C	Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following	imount:	
	☑ \$25 Filing Fee	□ \$55 Filing	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.

. N	ame of the limited liability company: U Profit L	LC		
			o)	
. ()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	30522 US Hwy 19N Suite 105		30522 US Hwy 19N Suite 105	
	Palm Harbor, FL 34684		Palm Harbor, FL 34684	
	06/30/99		L99000003877	
	Date of filing/registration in Florida	4.	Document number	
(a)	UBALDINI, NICOLA			
()	Registered Agent and Registered Office shown on the record	Is of the Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STRE		-	
	PALM HARBOR, FL 34684	, FL_34684		
(b)	Nicola Ubaldini		THE 25 P S. O. RETARY OF STATE AND SEEL FLORID	
• /	Enter name of NEW Registered Agent and/or NEW Regist	ered Office add	dress:	
	Nicola Ubaldini		S S: 0	
	NEW Registered Office Address:			
	30522 US Hwy 19N Suite 105		<del></del>	
	Palm Harbor	, <sub>FL</sub> 34684		
e cha ent v as/we e arti	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite creatithorized by an affirmative vote of the member of organization or the operating agreement of the incompanion of the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as provided reflect a change in the registered office address of the proper and compigations of my position as registered agent as provided reflect a change in the registered office address.	s of the regis d liability coers of the limited limite	stered office and the business office of the register of the series of the register of the stereby confirmed that the change(s) ited liability company or as otherwise provided itability company.  Ola Ubaldini  Printed or typed name of signee  In this canacity. I further agree to comply with	

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