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## **COVER LETTER**

TO:	Registration Section		
	Division of Corporation		

SUBJECT: UPC MANAGEMENT, LI	UPC MANAGEMENT, LLC					
	Name of Limite	d 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	g this matter to	the following:				
STEVEN LEVITT						
Name of Person						
UPC MANAGEMENT, LLC						
Firm/Company						
501 BRICKELL KEY DRIVE, SUITE	410					
Address						
MIAMI, FL 33131						
City/State and Zip Coo	de					
slevitt@upcmgmt.com						
E-mail address: (to be used for future	annual report i	notification)				
For further information concerning this ma	tter, please call	:				
STEVEN LEVITT	305	416-6101				
Name of Person		Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the follow	ving amount:					
□ \$25 Filing Fee	C	\$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.

1. N	ame of the limited liability company: UPC MANAG		· · · · · · · · · · · · · · · · · · ·				<del></del>
2. (a)	3900 HOLLYWOOD BLVD.		(b) 3900 HOLLYWOOD BLVD.				
_, ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing add	ress of lim	iited liab	ility company: FICE BOX)
	SUITE PH-5	_	SUITE F	PH-5			
	HOLLYWOOD, FL 33021	<del></del>	HOLLYV	NOOD,	FL 330	21	
	MARCH 26, 2007		M070000	01762			
3.	Date of filing/registration in Florida	4.		Docume	nt numb	er	
5. (a	, JOHN WALLINGTON						
(	Registered Agent and Registered Office shown on the records of 501 BRICKELL KEY DRIVE	the Flori	da Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 410	ADDRE:	<u>55)</u>	-			
	MIAMI , FI	3313	1	_	\$ m	<u>رع</u>	
(b)	STEVEN LEVITT			_		Asa Side	77
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		SS TE		Contraction of the Contraction o
	3900 HOLLYWOOD BLVD.			_	ONETARY OF	0 A	
	NEW Registered Office Address:				(" O	ċċ	0
	SUITE PH-5			-	ORIDA	52	
	HOLLYWOOD, FI	3302	1	_		,	
the chagent was/v	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members ticles of organization of the operating agreement of the	f the reging the first factor of the limited the first factor of the first factor of the factor of t	gistered office company, it i mited liabilit	e and the s hereby or companion of the c	business confirme	office ed that t	of the registered the change(s)
Sign	nature of member of authorized representative of a member		IIAN OAN		typed nar	ne of sig	nee
I her provi the ol to me notifi	eby accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address, I ged in writing of this change.  Live fure of Registered Agent	ree to a e perfor ed for ir hereby	ct in this cap mance of my Chapter 605 confirm that	acity. I fi duties, an 5, F.S. Oi the limite	urther as nd I am f r, if this nd liabili	gree to amiliar docume ty comp	comply with the with and accept ent is being filed vany has been
_	- v						