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

Office Use Only



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On Indianal Land **

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DIVISION OF CURPOPATIONS

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JUL 14 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscqlobal.com

Date: July 11, 2017

Order#: 716016-022

Re: UPRS GROUP LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Jiminez

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

	me of the limited liability company: UPRS GROUP L		122 CDOVE	: ۸۷/۵	
2. (a)	123 GROVE AVE Principal office address of fimited liability company: (Note: MUST BE STREET ADDRESS)	_ (h)_			d liability company: FOFFICE BOX)
	SUITE 118		SUITE 118		
	CEDARHURST NY 11516	_ ~	CEDARHURST, NY 11516		
	11/07/2007		м0700000659	9	
3.	Date of filing/registration in Florida	4.	Doc	ument number	
5. (a)	Segal Rothman				
	Registered Agent and Registered Office shown on the records of the UPRS GROUP LLC/ SEGAL ROTHMAN Registered Office Address (MUST BE FLORIDA STREET A		ept. of State:		T JUL 13 AH II: 25 OLVISION OF CONT ON ACTIONS
	5632 Park Rd				9 5 [
		33312			JUL 13 AH II
	1201 Hays Street NEW Registered Office Address:	···			
	Tallahassee .FL	32301			
the cha agent v was/we the arti Signa I here provisi the obl to mere	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cless of organization on the operating agreement of the ture of a member or authorized representative of a member of the light of the statutes relative to the proper and complete light of a my position as registered agent as provided in the reflect a change in the registered office address, I have in writing of this change.	vs of the S the registe ability con if the limit limited lia Jill Ci ree to act is performan d for in CI hereby con	ered office and upany, it is here defined liability company mi, Authorized Pring this capacity are of my dutient for that the lift liability and the lift liability and the lift liability and liability are of my dutient for that the liability are liability and liability are liability are liability and liability are liability and liability are liability and liability are liability and liability and liability are liability are liability are liability and liability are liabilit	the business of eby confirmed to a pany or as other. I Person ted or typed name of the confirmed a parties, and I am family of this document of the confirmed liability of the confirm	Tice of the registered hat the change(s) erwise provided in of signee to comply with the citiar with and accept cument is being filed company has been
Signatu	re of Registered Agent Corporation Service Company	-	ue E. Kirby, 7 Tallahassa	Asst. Vice Pres	sident

FILING FEE: \$25.00