

MAY/22/2018 TUE 12:07 PM INCORP

FAX: (702) 866-2689

F 001

05/22/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6363

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000067
Phone : (702) 866-2680
Fax Number : (702) 866-2689

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
UNIVERSAL CODING SOLUTIONS LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

K. SALY
MAY 23 2018

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

H180001578633

SUBJECT: Universal Coding Solutions LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Georgia Dorsam

Name of Person

Incorp Services, Inc.

Firm/Company

3773 Howard Hughes Parkway Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

managedreports@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Georgia Dorsam for Incorp Services, Inc. at 702 866-2500 ext. 6912

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 following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

H180001578633

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

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SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Universal Coding Solutions LLC

Enter new principal office address, if applicable: 881 Lantana Avenue

(Principal office address
MUST BE A STREET ADDRESS)

Clearwater Beach, FL 33767

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000003240

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 05/21/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Florida Street Address

_____, Florida _____
City : _____ Zip Code _____

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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MAY/22/2013/TUE 12:09 PM INCORP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

| Title/Capacity | Name | Address | Type of Action |
|----------------|------------------|---|--|
| Manager | Andrew Norrie | 881 Lantana Avenue, Clearwater, FL 33767 | <input checked="" type="checkbox"/> Add |
| | | 13139 W Linebaugh Avenue Suite 203, Box 9 Tampa, FL 33626 | <input checked="" type="checkbox"/> Remove |
| Manager | Laura Norrie | 881 Lantana Avenue, Clearwater, FL 33767 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| Manager | Steven F Chapman | | <input type="checkbox"/> Add |
| | | 12069 Jefferson Boulevard Culver City, CA 90230 | <input checked="" type="checkbox"/> Remove |
| Manager | Gary R Kaplan | | <input type="checkbox"/> Add |
| | | 12069 Jefferson Boulevard Culver City, CA 90230 | <input checked="" type="checkbox"/> Remove |
| Manager | Shane Plantz | | <input type="checkbox"/> Add |
| | | 13139 Linebaugh Avenue Suite 203, Box 9 Tampa, FL 33626 | <input checked="" type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Andrew Norrie

Typed or printed name of signee

Filing Fee: \$25.00

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