

M/60000009148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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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18 MAR 26 AM 9:49  
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CLERK OF COURT

Y SULKER

MAR 30 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2018 MAR 28 AM 9:39

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

February 13, 2018

ERIK J ARROYO  
2070 RINGLING BLVD  
SARASOTA, FL 34237

SUBJECT: UPTICK SOFTWARE LLC  
Ref. Number: M16000008148

We have received your document for UPTICK SOFTWARE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida llc, but your entity is a Foreign llc. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 518A00003089

## COVER LÉTTER

TO: Registration Section  
Division of Corporations

SUBJECT: **UPTICK SOFTWARE 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:

**ERIK ARROYO, ESQ**

Name of Person

**BAND, GATES & DRAMIS, P.L.**

Firm/Company

**2070 RINGLING BLVD.**

Address

**SARASOTA, FLORIDA 34237**

City/State and Zip Code

**EARROYO@BANDGATESDRAMIS.COM**

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

For further information concerning this matter, please call:

**ERIK ARROYO**

Name of Person

at ( **941** ) **539-8646**

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

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

**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: UPTICK SOFTWARE LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

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: M16000008148

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 10/11/2016

**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: ERIK ARROYO, ESQ.

New Registered Office Address: 2070 RINGLING BLVD

Enter Florida Street Address

SARASOTA

City

Florida 34237

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.*

Erik Arroyo  
If Changing Registered Agent, Signature of New Registered Agent

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:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	BAR CODE PROPERTIES	2055 SIESTA DRIVE, BOX 25185	<input type="checkbox"/> Add
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		SARASOTA, FLORIDA 34277	<input checked="" type="checkbox"/> Remove
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MGR	S&P ALGOS LLC	1343 Main St., 7th Floor	<input checked="" type="checkbox"/> Add
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		Sarasota, Florida 34236	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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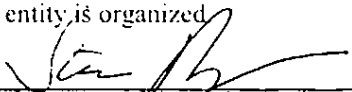
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			<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized

  
\_\_\_\_\_  
Signature of the authorized representative

STEVEN ROBERTS  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00