M20000000040

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only/State/Zipi/Fitone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
On Mark On the Contract of One				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

Office Use Only



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FILED 2024 DEC 10 AM 9: 58 2024 DEC 10 PM 3: 59



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838

F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/10/2024				
Name:	Cheyanne Davis				
Reference #	2590321	_			
	UPP (SLOBAL, LLC			
Article	es of Incorporation/Authorizatio	n to Transact Business			
Amendment					
✓ Change of Agent					
Reinstatement					
Conversion					
☐ Merger					
☐ Dissolution/Withdrawal					
Fictitious Name					
Other					
Authorized A	mount: \$25.00				
Signature:	(Onema Prine				

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.

Name of the limited liability company:		UPP Global, LLC	
2. (a)	450 Plymouth Road, Suite 300	(b)	450 Plymouth Road, Suite 300
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Plymouth Meeting PA 19462		Plymouth Meeting PA 19462
3.	11/27/2019 Date of filing/registration in Florida		M2000000040 Document number
J.		ч.	120cament namee
5. (a)	MCNUTT, DANIEL Registered Agent and Registered Office shown on the records of 120 95 AVE Registered Office Address (MUST BE FLORIDA STREET)	FILL ANASS	
	TREASURE ISLAND . FL	33706	EE, FLORIG
(b)	Cogency Global Inc.		58
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	P
	115 North Calhoun Street, Suite	1	
	NEW Registered Office Address:	<u>'</u>	
	Tallahassee FL	32301	
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members calles of organization or the operating agreement of the	the registered (ability company of the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	/s/ Michael Morgioni		Michael Morgioni, CFO
_	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I if writing afthis change.	ree to act in this performance of d for in Chapte hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
_	re of Registered Agent		
She	ila Carroll, Assistant Secretary Division of Corporations● P.O. I	3ox 6327● Tall	lahassee, FL 32314

FILING FEE: \$25.00