## M21000011737

(Requestor's Name)					
, ,					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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## 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. Na	ame of the limited liability company: UPLAND	PARI	K PHAS	SE I, LLC
2. (a)		(	b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3310 MARY STREET, SUITE 302		3109 GF	RAND AVENUE #349
	COCONUT GROVE, FL 33133		COCON	UT GROVE, FL 33133
	09/03/2021		M210000	911737
3.	Date of filing/registration in Florida	— 4.		Document number
5. (a)				
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	NRAI SERICES, INC.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			207
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION . F	L_33324		1 18 CPT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	-			18 PH =
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	Corporation Service Company			•
	NEW Registered Office Address:			_
	1201 Hays Street			_
	Tallahassee . F	32301		
change agent v was/we	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register iability co of the lir e limited	red office ar ompany, it nited liabili liability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Simal	ture of a member or authorized representative of a member	J1L	L CILMI, A	UTHORIZED PERSON  Printed or typed name of signee
I herel provisi the obli to mere notified	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. It in writing of this change.	ree to ac e perform ed for in hereby c	t in this cap vance of my Chapter 60 confirm that	0
Signatu	Drace C-Kuby re of Registered Agent	GRACE	E. KIRBY.	ASST. VICE PRESIDENT