5/5/2020

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

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REGISTERED AGENT CHANGE UPPERCLUB INC.

Certificate of Status	0
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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJI Name	CCT: UPPERCLUB INC. of Corporation				
DOCU	JMENT NUMBER: P18000038563				
The en	closed Statement of Change of Registered (Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this n	natter to the following:			
Sergio	Arana				
Name	of Contact Person				
UPPER	RCLUB INC.				
Firm/C	Company				
601 Br	ickell Key Drive, Suite 501				
Addres	38				
Miami,	, FL 33131				
City/St	tate and Zip Code				
	sergio@wearenovae.com				
E-mai	l address: (to be used for future annual i	report notification)			
		,			
For further information concerning this matter, please call:					
Maria	de Varona	at (305) 4392317			
	Name of Contact Person	at (305) 4392317 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address:	Street Address:			
	Amendment Section	Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

H20000132552

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation c	7,0502, 607,1508, or 617,1508, Florida St organized under the laws of the State of <u>F</u> egistered agent, or both, in the State of Fl	lorida
1. The name of t	he corporation: UPPERCLUB INC.		
2. The principal	office address 601 Brickell Key Dr,	Suite 501, Miami, FL, 33131	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/30/2018	Document number: P180000)38563
5. The name and		cred agent and registered office on file wit	
	BUSINESS FILINGS INCORPOR	RATED	
	1200 South Pine Island Road		2020
	Plantation	FL 33324	2020 H/VY -5
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered offi	ice AH
	Corporation Service Company		 2
	1201 Hays Street		10
		O Box NOT acceptable	
	Tallahassee	FL 32301	
as changed will	be identical.	street address of the business office of its	
authorized by th	ne board, or the corporation has been	lopted by its board of directors or by an o en notified in writing of the change.	
		Sergio Arana	President
I hereby accept I further agree to finy duties, and document is best corporation has Corporation	n Service Company	Printed or typed name and tell and agree to act in this capacity. I statutes relative to the proper and come obligation of my position as registered in the registered office address. I hereby ange. 05/05/2020	
Sig	nature of Registered Agent	Date	
If signing on bo	half of an entity:		
Amanda Robii	nson, Asst. Vice President		
T	yped or Printed Name	C) PED 625 00 A A -	

* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)