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2	To:	Division of Corporations Fax Number : (850)617-6380	2021 SEP				
-	from:		2				
<u>:-</u>	Trom.	Account Name : REGISTERED AGENTS INC.	22				
W.		Account Number : I20090000081					
47.		Phone : (307)200-2803	PH				
22		Fax Number : (855)330-1010	Ċ				
م البا			သ				
**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 UIP INC

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LALBRITTON

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Corporate Filing Menu

Help

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

statement of cha	nge is submitted for a corporate	, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of or registered agent, or both, in the State of Florida.	_
1. The name of	the corporation: UIP INC		
2. The principal	office address:		
3. The mailing a	iddress (if different):		
4. Date of incor	poration/qualification: 03/12/20	Document number: P21000025318	
	d street address of the current re- rtment of State: (If resigned, ent-	gistered agent and registered office on file with the er resigned)	
	KOLOTUSHA, IGOR		
	20 NORTH ORANGE AV	'ENUE 11TH FLOOR, STE 1100	2021
	ORLANDO, FL 32801		2021 SEP 22
6. The name and street address of the new registere (if changed):		tered agent (if changed) and /or registered office	22 PH 2: 30
	Registered Agents Inc	C	2: 3
	7901 4th St N STE 300		0
		D. Box NOT acceptable	
	St. Petersburg FL 337	702	
The street addreas changed will	ess of its registered office and t be identical.	he street address of the business office of its registered again	ent,
Such change wa authorized by the	as authorized by resolution duly he board, or the corporation has	y adopted by its board of directors or by an officer so seen notified in writing of the change.	
Igor T	Kolotusha ire of an officer or director	Igor Kolotusha, President	_
Lhereby accept	the appointment as registered	Printed or typed name and title agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as registered with the type of the change in the registered office address, I wotified in writing of this change.	
Bu H		9/22/21	
Sig	nature of Registered Agent	Date	_
If signing on be	half of an entity:		
Bill Havre	District Name		
T	yped or Printed Name		

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