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(Business Entity Name)						
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COVER LETTER

	istration Section ision of Corporations				
SUBJECT:	USTER ADVISORS LLC				
SCHOLLET.	Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclose	d Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.			
Please retur	n all correspondence concerning this matter	to the following:			
ROBERTO	ISASI VANTINI				
	Name of Person				
	Firm/Company				
1607 ROYA	L GROVE WAY				
	Address				
WESTON, F	TL 33327				
•	City/State and Zip Code				
ISASLROBI	ERTO@GMAIL.COM				
E-mai	address: (to be used for future annual repo	rt notification)			
For further i	nformation concerning this matter, please of	call:			
ROBERTO	ISASI VANTINI 7 at (86 2100689			
	Name of Person	Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: gistration Section rision of Corporations b. Box 6327 tahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the following amoun	t:			
■ \$	25 Filing Fee	S55 Filing Fee & Certified Copy			
INHS18 (2/1-	4)				

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.

I. N	ame of the limited liability company:)RS 1.1_	С		
2. (a)	1607 ROYAL GROVE WAY,		(b) 1607 ROYAL GROVE WAY,		
(-/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	WESTON FL 33327	<u> </u>	WESTON	F1. 33327	
	02/22/2022		1.220000854	121	
 3. 5. (a) 	Date of filing/registration in Florida ROBERTO ISASI VANTINI	 4.		Document number	
	Registered Agent and Registered Office shown on the records of 304 INDIAN TRACE	the Flor	ida Dept. of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET) PMB #743	ADDR1	ESS)	-	
	WESTON , FL	33326		202	
(b)	ROBERTO ISASI VANTINI			TALL.	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:	AH 6	
	1607 ROYAL GROVE WAY			PF ASS	
	NEW Registered Office Address:			2025 HAY 16 PM 4: 18 SECRETATE SEC. FL	
	WESTON , FI	33327		1,,	
chang agent was/w	limited liability company is not organized under the lay e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members chicles of organization or the operating agreement of the	regist ability of the l limite	ered office and company, it is imited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in ipany.	
Sign	ature of a member or authorized representative of a member	_		Printed or typed name of signee	
provis the ob to mei notific	thy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I that it writing of this change.	perfor d for it	mance of my a 1 Chapter 605	duties, and I am familiar with and accept F.S. Or, if this document is being filed.	
orguat	Division of Corporations P.O.	Pay 67	177a Tallahas	ccaa Fi 37314	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00