

A220000000687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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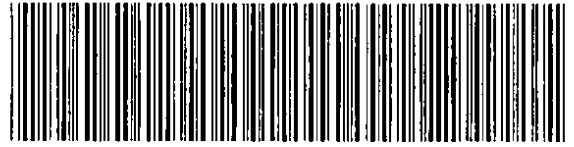
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITED HUSTLE LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A22000000687

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARIA STEUER
Contact Person

UNITED HUSTLE LP
Firm/Company

KUHLWEG 42
Address

52074 AACHEN, GERMANY
City, State and Zip Code

Maria.Steuer@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARA ELIZABETH THUMMS at (323) 821-7399
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. UNITED HUSTLE LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/12/2022 3. A22000000687
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MARIA STEUER
Name
2300 8th Ave N.
Address
St. Petersburg, FL 33713
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

MARIA STEUER
Name
500 N OSCEOLA Ave Apt. 602
Florida street address (P.O. Box not acceptable)
CLEARWATER FL 33755
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Maria Steuer
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Maria Steuer
Signature of Registered Agent

Filing Fee:

\$35.00

Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA
CLERK OF STATE