## F21 00000 1344

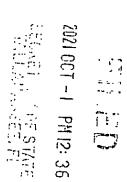
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, ,					
(Document Number)					
(Cocument Number)					
Certified Copies Certificates of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

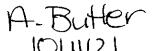




200374154432

10/01/21--01010--015 \*\*35.00





## **COVER LETTER**

TO:	Amendment Section Division of Corporations
CHDI	ECT: UCARI, INC.
Name	of Corporation
DOC	UMENT NUMBER: F21000001344
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Carlos	s J. Burruezo, Esq.
Name	of Contact Person
UCAF	RI, INC.
Firm/	Сопрапу
8405 1	Benjamin Road, Suite J
Addre	255
Tamp	a, Florida 33634
City/S	State and Zip Code
	carlos@ucari.com
E-ma	il address: (to be used for future annual report notification)
For fu	orther information concerning this matter, please call:
Carlos	s J. Burruezo, Esq. 254-2904
	Name of Contact Person at (407 )754-2904  Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section  Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Si on organized under the laws of the State of $\frac{D}{D}$	elaware		
		or registered agent, or both, in the State of Fl	orida.		
i. The name of	the corporation: UCARI, INC.				
2. The principal	office address: 8405 Benjamin Ro	oad, Suite J, Tampa, Florida 33634	<del></del>		
4. Date of incorporation/qualification: 03/01/2021 Document number: F21000001344					
	istreet address of the current regramment of State: (If resigned, enter	istered agent and registered office on file wit resigned)	h the		
	Resigned - Tony Emerson				
	8405 Benjamin Road, Suite J		20		
	Tampa, Florida 33634		21 OC		
6. The name and (if changed):	f street address of the new registe	ered agent (if changed) and /or registered offi	2021 OCT -1 PH 12: 36		
	Carlos J. Burruezo, Esq.		ATTO TO		
	8405 Benjamin Road, Suite J		2: 36		
	T	P.O. Box. NOT acceptable	)T) = =		
	Tampa, Florida 33634				
The street address changed will	ess of its registered office and the be identical.	ne street address of the business office of its	registered agent,		
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	officer so		
Den	13	Bertha L. Burruezo, Esq., CEO			
Signaph	re of a follicer or director	Printed or typed name and title	c		
I further agree of my duties, ar document is bei	to comply with the provisions of	igent and agree to act in this capacity. I all statutes relative to the proper and comp the obligation of my position as registered ige in the registered office address. I hereby change.	plete performance agent. Or, if this confirm that the		
Yan	gn	09/27/2021			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
т	yped or Printed Name	_			

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

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