F23000000468

(Requestor's Name)			
(Address)			
(Address)			
(
0.00			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entry Hume)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to Filing Officer.			

Office Use Only



400419498724



11/30/23--510.11--303 ** 55.60





Toll-Free: 1.888.449.2638



Direct:

1.805.449.2638

Email: info@CorpNet.com



www.CorpNet.com



November 28, 2023

Registration Section
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: HUUPE INC.

To whom it may concern:

The Enclosed Statement of change of Registered Office and Registered Agent and Fee(s) are submitted for filing.

Also, please find enclosed a check for state filing fees in the amount of \$35.00 made payable to the FL Dept of State. Forward information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addressed stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor

CorpNet, Incorporated 888-449-2638 Ext. 105 filings@corpnet.com



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT.	HUUPE INC.	
Name of Co	rporation	
DOCUMEN	NT NUMBER: F23000000468	
The enclosed	d Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please return	all correspondence concerning this	matter to the following:
Amanda J Be	• •	
Name of Co	ntact Person	
Firm/Compa	nny	
31416 Agour	a Rd., Suite 118	
Address		
Westlake Vil	lage, CA 91361	
City/State ar	nd Zip Code	
	filings@corpnet.com	
E-mail addi	ress: (to be used for future annual	report notification)
For further is	nformation concerning this matter, p	please call:
Amanda J Be	eren	31 (\$88) 449-2638
-	Name of Contact Person	at (888) 449-2638 Area Code & Daytime Telephone Number
Enclosed is	a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section 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

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of DE registered agent, or both, in the State of Florida.
1. The name of t 2. The principal	he corporation: HUUPE INC. office address: 7435 SW 61ST AV	E. UNIT #303 SOUTH MIAMI, FL 33143
3. The mailing a	ddress (if different):	
4. Date of incorporation/qualification: 01/25/2023		Document number: F23000000468
	street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with the resigned)
	COGENCY GLOBAL INC.	
	115 N CALHOUN ST, STE. 4	23.00
	TALLAHASSEE, FL 32301	
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered office
	Registered Agents Inc	
	7901 4th St N STE 300	
	St. Petersburg, FL 33702	P.O Box NOT acceptable
as changed will	be identical.	street address of the business office of its registered agent,
Such change was authorized by the	s authorized by resolution duly a board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
100		LYTH SAEED, Director
I hereby occept I further agree to of my duties, and document is beit	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this c	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.
j	Bell Hame	11/16/2023
Sign	nature of Registered Agent	Date
If signing on bel	nalf of an entity:	
Ту	ped or Printed Name	

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