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SECRETARY OF STATE
ASSOCIATION OF STATE
ASSOCIAT

COVER LETTER

TO: Registration Section Division of Corporations								
Undeserved Grace LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Cha	unga and fae(s) are submitted for filing							
The enclosed Registered Agent/Registered Office Cha	inge and tee(s) are submitted for tiling.							
Please return all correspondence concerning this matter	er to the following:							
Daniel Husted								
Name of Person								
Firm/Company								
1969 SW. Panther Trace								
Address								
Chart El 24007								
Stuart, FL 34997								
City/State and Zip Code								
dshusted@hotmail.com								
E-mail address: (to be used for future annual repo	ort notification)							
For further information concerning this matter, please	call:							
	772 202 0040							
Daniel Husted at (772 233-9680							
Name of Person	Area Code & Daytime Telephone Number							
Mailing Address:	Street Address:							
Registration Section	Registration Section							
Division of Corporations	Division of Corporations							
P.O. Box 6327	The Centre of Tallahassee							
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810							
	Tallahassee, FL 32303							
Epclosed is a check for the following amoun	ıt:							
(1) \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)

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.

1. Na	me of the limited liability company: Undeswi	ited	G	الادح	LLC				
2. (a)	1969 SW. Panther Trace		1969 SW. Panther Trace						
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Stuart, FL 34997		(-)		~	address of limi MAY BE PC			•
3.	Date of filing/registration in Florida Jeffrey C Pepin	— — 4.	<u>د</u> د	4190	එම ු Docum	nent number		_	
5. (a)	Registered Agent and Registered Office shown on the records of 3418 Poinsettia Ave	f the Flo	orida l	Dept. of S	tate:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)				SEUR TALLA	2021 MAR 16	- 2 }
	West Palm Beach , F	3340 L	7				HASS	AR II	7
(b)	Daniel Husted						14.03.50 1.00.50		in O
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 1969 SW. Panther Trace NEW Registered Office Address:	d Office	add	r <u>ess</u> ;	_		ORIDA	AM 10: 43	
	Stuart . FI	3499							
cnange agent w	mited liability company/is not organized under the law or changes are made/the Florida street address of the fill be identical. Or in/the case of a Florida limited li- re authorized by an affirmative vote of the members of the offorganization or the operating agreement of the	e regist ability	erea com	office a pany, it	ind the bu is hereby	isiness offic confirmed	e of the that the	register change	red :(s)
		D	anie	l Husted	d				
I hereb provision the obli to mere motified	ne of a member on authyrized representative of a member by accept the appointment as registered agent and agrous of all statules relative to the proper and complete gations of my position as registered agent as provided by relied a change much registered office address, I in writing of this change.	ree to a perfor d for in hereby	act ir man n Ch r con	this ca ce of my apter 60 firm tha	manih. I	or typed name further agri and I am fan Dr, if this do ted liability	aa to oor		th the accept g filed een