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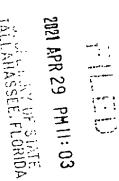
(Requestor's Name)				
(Ac	ldress)	<u> </u>		
(Address)				
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:	-		
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Husted Christian Academy LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this n	natter to the following:			
Daniel	Husted				
	Name of Person				
	Firm/Company				
1050 S	E. Monterey Road, Ste. 400				
	Address				
Stuart,	FL 34994				
	City/State and Zip Code				
dshust	ed@hotmail.com				
Е	-mail address: (to be used for future annual	report notification)			
For fur	ther information concerning this matter, ple	ase call:			
Daniel		772 233-9680 at ()			
	Name of Person	Area Code & Daytime Telephone Number			
	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			
	Enclosed is a check for the following amo	ount:			
	■ \$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. N	lame of the limited liability company:	an Acader	ny LLC		
2. (a)	1050 S.E. Monterey Road, Ste. 400	(1	1050 S.E	E. Monterey Road, Ste. 400	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Stuart, FL 34994		Stuart, F	L 34994	
	08/01/2019		 L1900019	7802	
3.5. (a)	Date of filing/registration in Florida Marlena Husted	4.		Document number	
J. (u	Registered Agent and Registered Office shown on the records of 1345 SE St. Lucie Blvd	of the Florida	i Dept. of St	ite:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Stuart, F	34996 L		2021 TALL	
(b)	Marlena Husted			2021 APR 29 ALL AHASSE	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad	dress:	(F) (1)	
	1050 S.E. Monterey Road, Ste. 400			PHII: 03 PHII: 03 FISIATE FLORIDA	
	NEW Registered Office Address:			: 03	
	Stuart F	L		_	
change agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere iability co of the lim	d office ar mpany, it ited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	/ V	Mar	lena Husted	<u> </u>	
	iture of a member or authorized representative of a member			Printed or typed name of signee	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act e performa ed for in C hereby co	in this cap ince of my hapter 60, infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agent				