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MAY 1.1 2021 R. HUNT

COVER LETTER

TO: Registration Section Division of Corporations	
Unperfect People L.L.C SUBJECT:	
Name	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ee Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Bill Havre	
Name of Person	
Registered Agents Inc.	
Firm/Company	-
7901 4th St N STE 300,	
Address	
St. Petersburg, FL 33702	
City/State and Zip Code	
info@registeredagents.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, p	please call:
Marshada Clarke	407 7159521
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 a	amount:
■ \$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	ame of the limited liability company: Unperfect People L	.1C.							
2. (a)	4871 Cherokee Rose Dr. Orlando Ff. 32808			871 Chero	erokee Rose Dr., Orlando FL 32808				
- . (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(b) _	N	Aailing address of I (Note: MAY BE	-	-	-	
3. 5. (a)	O1/07/2021 Date of filing/registration in Florida Marshada Clarke Registered Agent and Registered Office shown on the records of the	4.	_		Document num	ber			
	Registered Office Address (MUST BE FLORIDA STREET A) 4871 Cherokee Rose Dr	<u>DDRE</u>	SS1						
	Orlando FL	32808	-						
(b)	Bill Havre Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> Registered Agents Inc.	Office	addre	<u>ss</u> :			2591 HAR -1	División of co	
	NEW Registered Office Address:						垩	୍ଷ୍ଟିୟ ପ୍ର	
	7901 4th St N STE 300 St. Petersburgs , FL 3	3702				<u>.</u>			
change agent was/w the art Signa I here provis the obto mer notifie	imited liability company is not organized under the laws or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabete of a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	egiste oility the li imited	ered (complimited liab	office and pany, it is d liability com	the business of hereby confirm company or as pany. Printed or typed nation.	Tice of the reg	ister inge(vide	ed (s) d in	