## LZI 00005350Z

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



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2021 APR 29 PH II: 02

## **COVER LETTER**

TO: Registration Section

| Division of Corporations   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Husted Falcon Holdings LLC SUBJECT:  | Husted Falcon Holdings LLC   |  |  |  |  |  |  |
|  | Name of Limited Liability Company  |  |  |  |  |  |  |
| Dear Sir or Madam:   |  |  |  |  |  |  |  |
| The enclosed Registered Agent/Registered Office  | Change and fee(s) are submitted for filing.  |  |  |  |  |  |  |
| Please return all correspondence concerning this r   | 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  |  |  |  |  |  |  |  |
| dshusted@hotmail.com   |  |  |  |  |  |  |  |
| E-mail address: (to be used for future annual  | report notification)   |  |  |  |  |  |  |
| For further information concerning this matter, ple  | ease call:   |  |  |  |  |  |  |
|  | 772 233-9680<br>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 am   | iount:   |  |  |  |  |  |  |
| ■ \$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.

| 2. (a)                  | 1050 S.E. Monterey Road, Ste. 400   | (   | (b)   | S.E. Monterey Road, Ste. 400  |           |   |  |
|-------------------------|---|---|---|---|-----------|---|--|
|                         | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |   |   | Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)                       |           |   |  |
|                         | Stuart, FL 34994  |   | Stuart,   | FL 34994  |           | _   |  |
|                         | 01/29/2021  |   |   | 053502  |           | -   |  |
|                         | Date of filing/registration in Florida  | -<br>4.   |   | Document number   |           |   |  |
| (a)                     | Daniel Husted   |   |   |   |           |   |  |
| (b) <u>.</u>            | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  1345 SE St. Lucie Blvd  |   |   |   |           |   |  |
|                         | Registered Office Address (MUST BE FLORIDA STREET)  | <u>ADDRES</u>                                   | <u>S)</u>   | TÀLLAÑASSEE.  | 2021 APR  |   |  |
|                         | Stuart  | 34996   | -   | ASS.  | R 29      |   |  |
|                         |   | ' <del></del>                                   |   | <del></del>   |           | 1 2 1   |  |
|                         | Daniel Husted  Enter name of NEW Registered Agent and/or NEW Registered   |   |   | FLORIDA   | PM II: 02 | المستور<br>الروايا                            |  |
|                         | NEW Registered Office Address:  |   |   |   |           |   |  |
|                         | Stuart . FL   | 34994   |   |   |           |   |  |
| ange<br>ent w<br>is/wei | mited liability company is not organized under the law<br>or changes are made, the Florida street andress of the<br>vill be identical. On in the case of a Florida limited lia-<br>re authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the l | register<br>bility co<br>f the lin<br>limited l | ed office<br>ompany,<br>lited liab<br>liability c | and the business office of<br>it is hereby confirmed the<br>ility company or as other<br>company. | of the re | gistered                                      |  |
| Signati                 | ure of a member of authorized representative of a member  | Dar<br>——                                       | iel Huste   | Printed or typed name of  | sianas    | <u> </u>                                      |  |
| iereh                   | by accept the appointment at registered agent and agre<br>ons of all statutes relative to the proper and complete to<br>gations of my position at registered agent at provided<br>by reflect a change in the registered office address, I ha<br>in writing of this change                             | ee to act<br>perform<br>I for in C<br>ereby co  | in this cance of n<br>Thapter 6<br>Infirm th      | amanita I Garden  |           | oly with i<br>and acc<br>being fi<br>has been |  |
| naturo                  | e of Registered Agent   |   |   |   |           |   |  |
|                         | Wision of Cornorations P.O. B   | 631°  | a Tallal  | nassee, FL 32314  |           |   |  |