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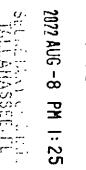
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Special Instructions to Filing Officer:							
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	is * &										
SUBJECT: United Southern Associates LLC Name of Limited Liability Company											
Dear Sir or Madam:											
The enclosed Registered Agent/Registered Office Change and to	ee(s) are submitted for filing.										
Please return all correspondence concerning this matter to the f	ollowing:										
Derver Wartes Name of Person	_										
United Southern PSSOCIATES											
6295 S Williamson Blvd Address	_										
Port Drange FL 32 3000128 City/State and Zip Code	_										
E-mail address: (to be used for future annual report notific	Hook. COM										
For further information concerning this matter, please call:											
Deriver Wartes at 386 Name of Person	, 451 - 3807 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 amount:											

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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)	<u>029</u>	cipal office addres (Note: MUST E	LiaMS01	N B\Vo	1	629	Mailing addres	UII) is of lin	I (LM)	ility cor	npany:
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Reg Reg (b)	istered A 331 gistered (Su Tall Lyr	ite 301 ahasse Idsi Wh	ed Office shown PAR AUR (MEST BE FLO L IHE Bla	ORIDA STREE	<i>taddress</i>) fl_323	301	- :: -		SECREATE OF SEC. FL	2022 AUG -8 PM 1: 25	
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agent will be was/were at the articles of the	nanges e ident ithorize of orga a menif	ity company is are made, the lical. Or, in the ed by an affirm nization or the er or authorized reappointment entutes relative in the position as rechange in the real of this change.	not organized Florida street case of a Flo ative vote of a operating agr	d under the la address of th rida limited I the members eement of the	aws of the S le registered lability com of the limite e limited lial	tate of Flo office and pany, it is ed liability oility comp	rida, it is her the business hereby conf company or pany. Printed or type	s offic irmed as ot ed name	that the that the herwise	e regis e chan e provi	tered ge(s) ded in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

notified in writing of this change