## L22 000 376 294

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	UHP USA, LLC					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered	Office Change and	d fee(s) are submitted for	filing.		
Please	return all correspondence concernin	g this matter to the	following:			
LILA J	UNE SADER					
	Name of Person					
REGIS	TERED AGENT					
	Firm/Company					
1532 S	W SHADY LAKE TERRACE			2823		
	Address					
PALM	CITY, FLORIDA 34990			22 80		
	City/State and Zip Coo	de		<u> </u>		
WATE	RJET57@YAHOO.COM					
- E	-mail address: (to be used for future	annual report noti	fication)			
For fur	ther information concerning this ma	tter, please call:				
ALI SA	ADER	772 at (	260-1100			
	Name of Person		Area Code & Daytim	e Telephone Number		
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, SuiteTallahassee, FL 32303		ations ahassee treet, Suite 810			
	Enclosed is a check for the follow	ving amount:				
	□ \$25 Filing Fee		\$55 Filing Fee & Certifie	d Copy		
INHS18	8 (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	ame of the limited liability company: UHP USA, LLC			
2. (a)			(b)	
±. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2852 SW WESTLAKE CIRCLE		2852 SW W	ESTLAKE CIRCLE
	PALM CITY, FL 34990	<del>_</del>	PALM CIT	Y, FL 34990
	AUGUST 26, 2022		L2200037629	94
3. 5. (a)	Date of filing/registration in Florida ALI SADER	— 4.	Ī	Document number
J. (II)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET) 2852 SW WESTLAKE CIRCLE	ADDRE	<u>(S.S)</u>	
	PALM CITY FI	34990		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  LILA JUNE SADER			2079 ( ) ;
	NEW Registered Office Address:			N C3
	1532 SW SHADY LAKE TERRACE			
	PALM CITY , FI	34990		· : <del>   </del>
change agent vas/was/was/was/was/was/was/was/was/was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members included of organization of the operative defrection of the authorized representative of a member of the accept the appointment as registered agent and agricious of all statutes relative to the proper and complete lighted in the registered agent as provided by reflect a change in the registered office address, I d in veriting of this change.	e registe ability of the limited A	ered office and company, it is imited liability I liability comp LI SADER, MA	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  NAGING MEMBER  Printed or typed name of signce city. I further agree to comply with the
	are of Registered Agent			

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