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COVER LETTER

TO: Registration Section Division of Corporations		
Ucari, LLC SUBJECT:		
Name of Lim	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Tony Emerson		
Name of Person		
Ucari, LLC		
Firm/Company		
8405 Benjamin Road. Suite J		
Address		
Tampa, Florida 33634		
City/State and Zip Code		
Tony@ucari.com		
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter, please ca	all:	
Tony Emerson 31 at (0 490-9349	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount	:	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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.

. Na	me of the limited liability company: Ucari, LLC			
i. (a)	Tony Emerson		(b) Tony Em	erson
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8405 Benjamin Road, Suite J		8405 Ben	jamin Road, Suite J
	Tampa, Florida 33634		Tampa, F	lorida 33634
	10/08/2020		M2000000	8957
i.	Date of filing/registration in Florida	4.	-	Document number
5. (a)				
, (a)	Registered Agent and Registered Office shown on the records of		da Dept. of Sta	te:
	Tony Emerson			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>55)</u>	_
	1445 16th Street, Apt. 603			
	Miami Beach . F	33139 L		7-79 KOV 20
				7.0
(b)				- 2
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office :	iddress:	
	Tony Emerson			AH II: 05
	NEW Registered Office Address:			- : 0:
	8405 Benjamin Road, Suite J			_
	Tampa	33634		
:hange igent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe lability of of the li	red office ar company, it mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Siona	eture of a member or authorized representative of a member	11	/13/2020	Printed or typed name of signee
I here provisi the obi to mer	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 ly reflect a change in the registered office address, I d in writing of this change.	ree to a perfor ed for in hereby	ct in this cap nance of my Chapter 60 confirm that	vacity. I further agree to comply with the