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TALL AHASSEE, FIRBLIA

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COVER LETTER

The state of the s

TO: Registration Section Division of Corporations	
SUBJECT: Sasjeta Lau Name o	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 i	matter to the following:
Dana Sasicta Name of Person	
Sasieta Law LLC Firm/Company	
1732 Sw 103rd Pl Address	
Miaryi FL 33165 City/State and Zip Code	
dana @ Sasictalawlc.com E-mail address: (to be used for future annua	
For further information concerning this matter, ple	ease call:
David Sasieta Name of Person	at (727) 480 - 2004 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	nount:
№ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INUS18 (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.

, ,,,,,	••	<u> </u>				
I. Na	me of the limited liability compa	iny: <u>Sasieta</u>	Law Ll	. <u>C</u>		
2 (a)			_ (b)			
<i></i> (<i>a</i>)	Principal office address of limi (<u>Note: MUST BE STRE</u>	ted liability company:			imited liability compar	
	1732 Sw 10312 Pl		Po B	OX 347715	_	
	Miami FL 33165	•		al Gables	_	
	- 11000011 1E 33100	, <u>.</u>		XI CHUTES	11 33 077	
	(129/2017		1.170	००।५० ४६९		
3.	Date of filing/registration	on in Florida	4.	Document nun		
5. (a)	Alex Sasieta					
,	Registered Agent and Registered Office	e shown on the records of the	he Florida Dept of St	ate:		
				_	Z TAL SI	
	Registered Office Address (MUST)	<u>BE FLORIDA STREET A</u>	DDRESS)		Ne. Ecan I.A.	
	50 Menores Ave	2 # 518		_	IAS IAS	77
	Coral Gables	, FL	33134	_	2019 NOV 18 SECRETARY C ALLAHASSEE	
					AMI : 16 PESTATE FLORIDA	m
(b)	Hex Sasieto Enter name of NEW Registered Agent	t and/or NEW Domitored (Office udden.		ORM 🚓	\mathcal{O}
	Color hame of NEW Registered Agen	and or NEW Registered	omee audress.		7	
	NEW Registered Office Address:					
	1732 Sw 10312 P	1		<u> </u>		
	Miami	, FL_	33165	_		
If the li	mited liability company is not or	rganized under the law	s of the State of F	lorida, it is hereb	y confirmed that al	lter
the cha agent w	nge or changes are made, the Flovill be identical. Or, in the case of	orida street address of i of a Florida limited lia	the registered offi bility company, it	ce and the busine is hereby confirm	ss office of the reg red that the change	istered (s)
was/we	re authorized by an affirmative veles of organization or the operation	ote of the members of	the limited liabil	ity company or as	otherwise provide	d in
tile tiral	The operation of the operation	ang agreement of the t		Sasieta		
Signat	ure of a member or authorized represent	ative of a member	David	Printed or typed n	ame of signee	
l hereh provision the obli to mere notified	or accept the appointment as regions of all statutes relative to the igations of us, position as registed by reflect of change in the registed in writing of this change.	istered agent and agre proper and complete p tred agent as provided red office address, I h	ve to act in this ca performance of m for in Chapter 60 ereby confirm tha	pacity. I further a v duties, and I am 95, F.S. Or, if this u the limited liabi	agree to comply wi familiar with and k document is being lity company has b	th the accept g filed een
Signatur	y Registered Agent					
¥	Division of C	orporations• P.O. B FILING FF		assee, FL 32314		