## K100000006450

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
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## COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: Stoana Sejuk, LLC Name of Limited L	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 matter to the	following:
John L. Di Mass, Fsq. Name of Person	
Di Masi Burton, P.A. Firm/Company	
801 N. Orange Ave Soute	<u>500</u>
Orlando, FL 32801 City/State and Zip Code	
Management@orlando-la E-mail address: (to be used for future annual report notif	Corrication)
For further information concerning this matter, please call:	
Sono L. Di Musi al (407) Name of Person	Nea 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
1NHS18 (2/14)	55 I ming I co ac Commed Copy



March 10, 2023

JOHN L DIMASI DI MASI BURTON, P.A. 801 N ORANGE AVENUE #500 ORLANDO, FL 32801

SUBJECT: SUASANA SEJUK, LLC Ref. Number: L10000006450

We have received your document for SUASANA SEJUK, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 123A00005671

Neysa Culligan Regulatory Specialist III

## 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. Name of	of the limited liability company:	Sulsuna	Seru	K. LLC	-		
2. (a)			(b)	,			
-· ( <del></del> )	Principal office address of limited liab		(0)	Mailing address of limit			
5	65 5. Mason K	Cl. 87. #20	B				
Ko	aty TX 77437						
	191201D Date of filing/registration in F		L1000	0006450			
3.	Date of filing/registration in F	Florida 4		Document number			
5. (a)			_				
Registe	tered Agent and Registered Office shown	on the records of the F	lorida Dept. of Stat	te:			
Regist	Stered Office Address (MUST BE FL)	Dha. LDi	Masi, YI	<u>1</u> .			
ر ح	OIN Draungs F			_	<u>.</u>	15353	
<u> O</u> r	rlando	, FL_ <u>_3</u>	2801	<u>.</u>			ا العمليات 19 و و م
(b)					32 X	5	i Pul
Enter n	name of NEW Registered Agent and/or	NEW Registered Offic	e address:	-	SE 유	PH	E C
NEW	O Mas Burton, Registered Office Address:	P.A.		-	STATE E, FL	2: 45	<b>.</b>
	DI N. Drange 1	Am Snit	(EW)_	_			
$\bigcirc_1$	rlando	, FL_32	-80]	_			
mange or cha igent will be i vas/were auth	liability company is not organize anges are made, the Florida street identical. Or, in the case of a Florized by an affirmative vote of organization or the operating agr	address of the regis orida limited liability the members of the	stered office and y company, it is limited liability	d the business office s hereby confirmed to y company or as other	of the reg	gisterec	į į
V- 57	ጌ.		•	John L. Di Mas	şi		
	member or authorized representative of			Printed or typed name of	_		
he obligation.  merely refle  otified in wri	ept the appointment as registered all statutes relative to the proper is of my position as registered ag ect a change in the registered offi iting of this change.	agent and agree to and complete perfo ent as provided for ice address, I hereb	act in this cape rmance of my a in Chapter 605 y confirm that t	acity. I further agree luties, and I am Jami , F.S. Or, if this doc the limited liability c	e to complition with cument is company h	ly with and acc being fi tas beet	the cept iled n
Signature of Rec	nistered Agent	<del> </del>					
anglatuse (S. K.PO	PINICICO AUCINI						