# L'13000006881

(Re	equestor's Name)			
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C. LEWIS

JAN 3 1 2013

EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ALSUN, LLC  Name of Limited Liability Company	
Name of Emmed Diability 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:	
Yelena Posina	
Name of Person	
ALSUN,LLC	
Firm/Company	
6503 N Military Trl., Apt 1103	
Boca Raton, FL 33496  City/State and Zip Code	
tumarelena@gmail.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Yelena Posina321276-7504	
Name of Person 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 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 608.416 or 608.508, 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: ALSUN,LLC		···
2 (a)	Principal office address of limited liability company	v. 6503 N Military Trl	2
2. (a)	(Note: MUST BE STREET ADDRESS)	Apt 1103	Sec.
	(Note: MOST BE STREET NOONESS)	Boca Raton, FL 33496	<b>= 2 2 3 3</b>
			2 2FF
(b)	Mailing address of limited liability company:	6503 N Military Trl.	<b>9</b> 6
(Note: MAY BE POST OFF	(Note: MAY BE POST OFFICE BOX)	Apt 1103	<u> </u>
		Boca Raton, FL 33496	<b>7</b> 0,
			- <sup>2</sup>
01/14/2	013	L13000006881	<b>:</b> 0
3. Da	te of filing/registration in Florida	4. Document number	<b>-</b> 7
5. (a	) Registered Agent and Registered Office shown on	the records of the Florida Dep	ot, of State:
	Registered Agent:	American Safety Counsil, Inc.	<u></u>
	7 1000 111	5405 Adams a Dt	
Registered Office Address:	Registered Office Address:	5125 Adanson St. Suite 500	***
		Orlando, FL 32804	·
		Charles, 1 E 02004	
(0)	<ul> <li>Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u></li> <li><u>NEW</u> Registered Agent:</li> </ul>	Yelena Possina	
	NEW Registered Office Address:	6503 N Military Trl.	
	(MUST BE FLORIDA STREET ADDRESS)	Apt 1103	
		Boca Raton	,FL <u>33496</u>
confinand the man the or	limited liability company is not organized under the rmed that after the change or changes are made, the Fine business office of the registered agent will be identity company, it is hereby confirmed that the change(sembers of the limited liability company or as otherw perating agreement of the limited liability company.	lorida street address of the retical. Or, in the case of a Floren was/were authorized by an a	gistered office ida limited iffirmative vote o
Yelena	Possina	·	
Printed	d or typed name of signee		
comp and I Chap addre	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the proactions of all statutes relative to the proactions of my poter 608, F.S. Or, if this document is being filed to make it is provided to make the limited liability company of the proof of the pro	agree to act in this capacity. Oper and complete performan osition as registered agent as erely reflect a change in the r y has been notified in writing	I further agree to nce of my duties, provided for in egistered office of this change.
Signat	ure of Registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 F1LING FEE: \$25.00