## 16000/60652

(Requ	uestor's Name)			
(Addı	ress)			
(Addi	ress)			
(City/	/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Busi	iness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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FILED May 09, 2019 08:00 AM Secretary of State

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Osway LLC	
Name o	f 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 m	atter to the following:
Sergii Sukhorukov	
Name of Person	
Osway LLC	
Firm/Company	<del></del>
304 Charleston PL	
Address	<del></del>
Celebration Fl 34747	
City/State and Zip Code	
seregatrevel@gmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
Sergii Sukhorukov	321 424-1450
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 am	ount:
☑ S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (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.

(a)	304 Charleston PI	_ (b	304 Cha	arleston Pl
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Celebration		Celebrat	tion
	FI 34747	_	FI 34747	7
	08/26/2016		L160001	60652
	Date of filing/registration in Florida	4.		Document number
(a)	Sergii Sukhorukov			
(a)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	: FILED
				May 09, 2019 08:00 A
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)		Secretary of State
	1420 Celebration Blvd Suite 200			
	Celebration 3	4747		
	, FL			
(b)	Sergii Sukhorukov			
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	ress:	
		_		
	NEW Registered Office Address:			
	304 Charleston PI		<del></del>	
	Celebration3	4747		
chai	mited liability company is not organized under the laws age or changes are made, the Florida street address of the	ie regisi	ered office	and the business office of the registered
กเ พ	ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of	ility cor	npany, it is	hereby confirmed that the change(s)
artic	eles of organization or the operating agreement of the li-	mited li	ability com	pany.
	Cy / /	Serg	gii Sukhor	ukov
	ire of a member of authorized representative of a member			Printed or typed name of signee
-				icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been