## 467

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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2024 MAY -9 PM 2: 30 SECRETARY OF STATE TALLAHASSEE, FL

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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJECT: Se Jas tan LLC Name of Limited Liability Company				
D C	in un Mandauss			
Dear 5	ir 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:				
	Segundo A. Perez Moral Name of Person	<u>es</u>		
	Firm/Company	<del></del>		
	3105 Deec Ridge Civile	<u> </u>		
Address				
Hauana, Harida 32333				
	City/State and Zip Code			
ScTastan LIC @ gmail. Con, E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Segundo A. Peirez Moralls at (939) 335-3561  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 Tallahassee, FL 32314	The Centre of Tallahassee		
	Tatianassee, 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		

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.

1. Na	nme of the limited liability company: Se Jastan			
	June New Miles Color			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Hauaha, Geneda 32333			
	Septimber 9,2014 L	16000168467		
3.	Date of filing/registration in Florida  4.	Document number		
5. (a)	Carmona Law, PA			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	ite:		
		_		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	7457 aloma Clueace Deite 20			
	WINTER Park .FL 32792	2024 MAY SECRETA		
41.3	Segundo A. Perus Leorales			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	- HAS		
		m <b>s</b> m		
	365 Deep Ridge Circle	Est & D		
	NEW Registered Office Address:	30		
		_		
	70 773			
	Haciana FL 32333	_		
	imited liability company is not organized under the laws of the State of F			
	or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it			
was/w	ere authorized by an affirmative vote of the members of the limited liabilities of organization or the operating agreement of the limited liability con	ty company or as otherwise provided in		
	Seaune Seaune	Printed or typed name of signee		
Sign	ma member or authorized representative of a member	Printed or typed name of signee		
here	by accept the appointment as registered agent and agree to act in this cap	pacity. I further agree to comply with the		
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been				
notifie	d'in writing of this change	the timited thousing company has been		
Signan	ng of Registered Agent			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00				