## 117000121651

(Re	equestor's Name)				
(Ad	idress)				
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(Cit	ty/State/Zip/Phone	#)			
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2011 JUN-9 PH 2: 41 SECRETARY OF STATE

J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: SUMA INTRAMAL HOLDINGS, LLC Name 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 matter to the following:							
CRAIL SIROTA							
Name of Person							
SURA INTRANSFORMAL HOLDINGS CLC Firm/Company							
125 STRYKER LANG BUILDING 29 Unit 3							
Address  HILLS BOROUGH, NJ 08844  City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
SANGE GUEN at (850) 308-7170  Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clofe 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:							

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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

rioriai					,			
1. Na	ame of the limited liability company: <u>SUMA</u> I	Hz	LNATTO.	UAL H	OLDINE	<u>رکځ</u>	LLC	
2. (a)	504 SHARPTOWN RD.	_	(b) 12:	5 5 716	YKER	4	ANS	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing addres (Note: MA)	s of limited li	•		
	SWENERBORD, NJ 0808	<u>5</u>	<u> </u>	) 1 (DI-6	, <del>2</del> 9,	<u>U</u> N	<u>~;+3</u>	
		_	HIL	LSBOK	, <u>с. б</u> н	NJ	088	41
	6-2-2017		1 1	7000	2/~!/	ا کہ		
3.	Date of filing/registration in Florida	4.	<u> </u>	Document		231	<u> </u>	_
5. (a)	SAMUEL GRAGN							
J. (a)	Registered Agent and Registered Office shown on the records of th	e Flori	da Dept. of Star	te:				
	Registered Office Address (MUST BE FLORIDA STREET AI	DDRES	<u></u>	_				
	250 NE 25th 5th -							
	1.		2137	-				
	M. Adri ,FL	<u> </u>	, 1, 7, 7	<del></del>	<u></u>	~>		
(b)	CRAIL SIRVA			•	ALL/ SECF			:
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	office a	ddress:	_	発展			:
	250 NE 254 St.	-#	1007	_	RY OF	9 PH		
	NEW Registered Office Address:			_	STATE	4 2: 44	O	
	Minni, FL	<u>3</u> 3	137	_	L .			
the cha agent v was/we	imited liability company is not organized under the laws ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of	he reg sility the li	gistered offic company, it i mited liabili	e and the but is hereby corty ty company	siness offic afirmed tha	ce of th it the cl	ne register hange(s)	
the arti	icles of organization or the operating agreement of the li	mited	•	-	6111	ا ۸۰		
Signa	ture of a member or authorized representative of a member	-	<u> </u>	1 U & L Printed or ty	ped name of s	ignee		_
I here	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p	e to a	ct in this car	acity. I furt	her agree t	o comi	ply with the	e
the obl	ligations of my position as registered agent as provided ety-reflect a change in the registered office address, I had a light of the change in the registered office address, I had a light of the change in the registered of the change in the	for in	Chapter 60. confirm that	5, F.S. Or, i the limited	f this docur iability cor	nent is npany	being file has been	ď

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

Signature of Registered Agent