

h210000040019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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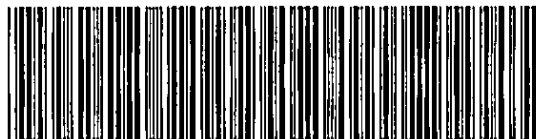
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF JUSTICE

SECRETARY OF STATE
TALLANT, GREGORY M.

2022 JAN 18 PM 6:32

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O SIMMONS
FEB 02 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAKIN 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:

Muaz Osman

Name of Person

SAKIN LLC

Firm/Company

509 S Chickasaw Trail. # 253

Address

Orlando, FL 32825

City/State and Zip Code

SAKIN-LLC@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Muaz Osman

407 801-9855
at (_____) _____

Name of Person

Area 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:

☒ \$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 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 the limited liability company: SAKIN LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

509 S Chickasaw Trail, # 253

509 S Chickasaw Trail, # 253

Orlando, FL 32825

Orlando, FL 32825

01/20/2021

1.21000040019

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

REGISTERED AGENTS INC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4TH STREET N. SUITE 300

ST. PETERSBURG, FL 33702

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Muaz Osman

NEW Registered Office Address:

509 S Chickasaw Trail, # 253

Orlando, FL 32825

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Muaz Osman
Signature of a member or authorized representative of a member

Muaz Osman

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. 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 notified in writing of this change.

Muaz Osman
Signature of Registered Agent

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2022 JAN 18 PM 6:32
SECRETARY OF STATE
TALLAHASSEE, FL