

U23 006 14 2273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

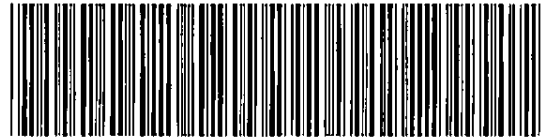
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200434518382

08/12/24--01018--005 **25.00

FILED

2024 SEP -6 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FL

[Handwritten signature]

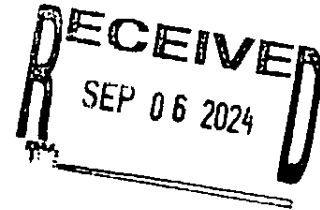


FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2024

SUSANA J IMENEZ PENA
1209 SHAWNEE DR
KISSIMMEE, FL 34744

SUBJECT: SUAL SERVICES LLC
Ref. Number: L23000142273



We have received your document for SUAL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 624A00018363

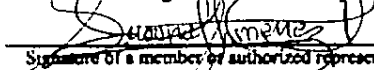
FILED
2024 SEP -6 AM 9:34
DIVISION OF STATE
TALLAHASSEE, FL

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

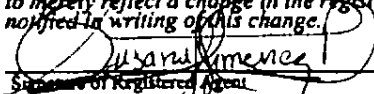
Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: <u>SUAL SERVICES LLC</u>	
2. (a) <u>1209 SHAWNEE DR, KISSIMMEE FL 34744</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>)	(b) <u>1209 SHAWNEE DR, KISSIMMEE FL 34744</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>)
_____	_____
_____	_____
<u>03/20/2023</u>	<u>L23000142273</u>
3. <u>OPC AND SONS LLC</u> Date of filing/registration in Florida	4. _____ Document number
5. (a) <u>Registered Agent and Registered Office shown on the records of the Florida Dept. of State:</u> <u>580 EAST OSCEOLA PARKWAY, KISSIMMEE, FL 34744</u> <u>Registered Office Address (MUST BE FLORIDA STREET ADDRESS)</u> <u>580 EAST OSCEOLA PARKWAY</u> <u>KISSIMMEE, FL 34744</u>	
(b) <u>SUSANA JIMENEZ PENA</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>1209 SHAWNEE DR, KISSIMMEE FL 34744</u> <u>NEW Registered Office Address:</u> <u>1209 SHAWNEE DR</u> <u>KISSIMMEE, FL 34744</u>	

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.

 _____ Signature of a member or authorized representative of a member	<u>SUSANA JIMENEZ PENA</u> _____ 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.



Signature of Registered Agent

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

INH18 (2/14)

FILED
2024 SEP - 6 AM 9:34
CLERK OF STATE
TALLAHASSEE, FL