

L23000398669

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

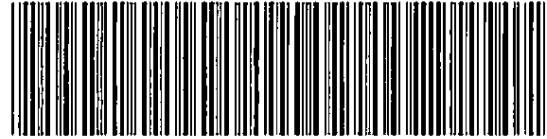
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VINSUN OCALA 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:

LAURIE C. SATEL, ESQ.

Name of Person

SATEL LAW, PLLC

Firm/Company

3903 NORTHDAL BLVD, STE 100E

Address

TAMPA, FL 33624

City/State and Zip Code

VIVARMAUS@GMAIL.COM

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

For further information concerning this matter, please call:

LAURIE SATEL

813

563-0636

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: <u>VINSUN OCALA LLC</u>	
2. (a) <u>217 SE 1ST AVE., STE 200-107</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>OCALA, FL 34471</u>	(b) <u>217 SE 1ST AVE., STE 200-107</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>OCALA, FL 34471</u>
<u>08/25/2023</u>	<u>L23000398669</u>
3. <u>Date of filing/registration in Florida</u>	4. <u>Document number</u>
5. (a) <u>HUBCO REGISTERED AGENT SERVICES, INC.</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>HUBCO REGISTERED AGENT SERVICES, INC.</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>155 OFFICE PLAZA DRIVE 1ST FL</u> <u>TALLAHASSEE, FL 32301</u>	
(b) <u>SATEL LAW, PLLC</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>SATEL LAW, PLLC</u> <u>NEW Registered Office Address:</u> <u>3903 NORTHDAL BLVD, STE 100E</u> <u>TAMPA, FL 33624</u>	

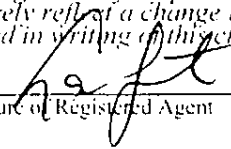
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SECRETARY OF STATE
TALLAHASSEE, FL

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.

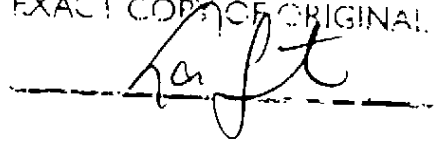

Signature of a member or authorized representative of a member

Laurie Satel as Attorney-in-Fact for Vinsun Ocala LLC
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

CERTIFIED TO BE A TRUE &
EXACT COPY OF ORIGINAL



DURABLE POWER OF ATTORNEY

VINSUN OCALA LLC, a Florida Limited Liability Company (the "Company"), having an office for the conduct of business at 217 SE 1st Ave. Suite 200-107, Ocala, FL 34471, and **Vivek Varma**, as Authorized Member of the Company, do hereby constitute and appoint **LAURIE SATEL**, as its true and lawful ATTORNEY-IN-FACT, who individually shall exercise any and all of the powers set forth hereinafter, and in its name, place and stead and for its use and benefits, to do all things, execute, endorse, and acknowledge all documents customary and reasonably necessary and appropriate for the operation of the Company within the State of FLORIDA, including the escrow or closing of sales and transactions regarding the conveyance of real property on behalf of the Company.

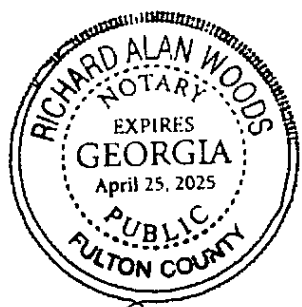
All Officers and shareholders of the Company intend this instrument to be exercisable until revoked. The powers of the ATTORNEY-IN-FACT shall include, but are not limited to, execution of the following:

1. Corporation documents, including documents and applications to be filed with the State of Florida;
2. Deeds transferring real property and improvements owned by or to be purchased by MA Consulting Inc.;
3. Settlement/Closing Statements;
4. Affidavits and Indemnifications as to Debts and Liens;
5. Tax Proration Agreements;
6. Affidavits and Agreements;
7. Errors and Omissions Correction Agreements; and
8. Execution of any other document approved or requested by the President or other Company officers.

IN WITNESS WHEREOF, I have executed this Durable Power of Attorney on this 2
day of October, 2023

Vivek Varma

Vivek Varma
Authorized Member, Vinsun Ocala LLC



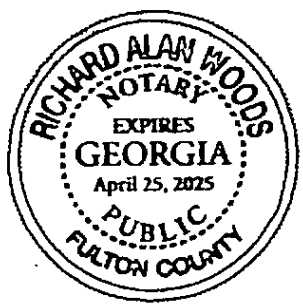
Signed, sealed and delivered in the presence of:

Tony Mefford
Witness Signature
Print Name: Tony Mefford

Mamie C Sewell
Witness Signature
Print Name: Mamie C Sewell

STATE OF Georgia
COUNTY OF Fulton

Sworn to and subscribed before me this 23 day of October, 2023, by Vivek Varma,
who is personally known to me or who has produced driver's license as identification.



Richard Alan Woods
Print Name: RICHARD ALAN WOODS
Notary Public for State of Georgia
My Commission Expires 4/25/2025

(SEAL)

PREPARED BY:
SATEL LAW, PLLC
LAURIE SATEL, ESQ.
3903 NORTHDAL BLVD, STE 100E, TAMPA, FL 33624