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## COVER LETTER

TO: Registration Section Division of Corporations	
OHMSUN DEVELOPMENT LLC SUBJECT:	
	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
Name of Person	
Name of Ferson	
Candamo Law, P.A.	
Firm/Company	<del></del>
2209 E. 5th Ave., Suite B	
Address	<del></del>
Tampa, FL 33605	
City/State and Zip Code	
info@candamolaw.com	
E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call:	
Mukund Patel 407 at (	701-0381
Name of Person	Area Code & Daytime Telephone Nu
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

## 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 N	lame of the limited liability company: OHMSUN DEVE	ILOPMENT LLC
		(b)
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)
	5809 S TEXAS AVE ORLANDO, FL 32839 FL	5809 S TEXAS AVENUE ORLANDO, FL 32839 FL
	11/10/2023	L23000510623
3.	Date of filing/registration in Florida	4. Document number
5. (8	a)	the Florida Dept. of State:
	Registered Agent and Registered Office shown on the records of Mukund Patel	22
	Registered Office Address (MUST BE FLORIDA STREET) 5809 S. Texas Ave.	32839 F. 5
	Orlando	32839 J
	Enter name of NEW Registered Agent and/or NEW Registered  Candamo Law, P.A.  NEW Registered Office Address:	i Office address:
	2209 E. 5th Ave., Suite B	
	Tampa, FI	33605
char ager was the	nge or changes are made, the Florida street address of the nt will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members articles of organization or the operating agreement of the	Mukund Patel
Si	gnature of a member or emhorized representative of a member	Printed or typed name of signee
	ereby accept the appointment as registered agent and ag visions of all statutes relative to the proper and complete obligations of my position as registered agent as provide herely reflect a change in the fegistered office address, I fied in vriting of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept and for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been