## PHOODD 53360

(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:				
\$35.00				

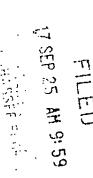
Office Use Only



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09/26/17--01028--006 \*\*70.00

S. TALLENT SEP 2 7 2017



R/A-CH

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation organi	2. 607.1508, or 617.1508, Florida Statutes.  Ezed under the laws of the State of Florida	this
		red agent, or both, in the State of Florida.	
1. The name of t	he corporation: Sasum, Inc.		
	office address: 171 North West 15 Pines, Florida 33028	6 Lane	
<del></del>			
	, , , , , , , , , , , , , , , , , , ,		
4. Date of incorp	poration/qualification: 06/07/2011	Document number: P110000533	360
Florida Depar	street address of the current registered ag tment of State: (If resigned, enter resigned	d)	
	Resigned - Jonathan H.	Green & Association, P.A.	
	799 Brickell Plaza	suite 700	1 1
	Resigned - Jonathan H. 799 Brickell Plaza Miami, FL 33131	: :: ::	FIL SEP 25
	street address of the new registered agen	t (if changed) and /or registered office	是 四
	MD Kayum		9: 59
	3242 N Andrews Avenue		ř
	Oakland Park, Fl. 33309	acceptable	
The street addre as changed will	ss of its registered office and the street a be identical.	address of the business office of its registe	red agent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an officer s ified in writing of the change.	0
	AYUM	MD KAYUM, President	
I hereby accept I further agree t	the appointment as registered agent and o comply with the provisions of all statumy duties, and I am familiar with and act statumy duties, and I am familiar with and act statumy filed merely to refles the corporation has been notified in	Printed or typed name and title  I agree to act in this capacity, tes relative to the proper and complete except the obligation of my position as regi- cet a change in the registered office address writing of this change.	stered ss. I
MDKARUM		08/31/2017	
Signature of Registered Agent		Date	
If signing on bel	nalf of an entity:		
Ту	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*

CR2E045 (03/12)