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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: SUNSET ASSOCIATES, LL	.C			<u>-</u>		
Nan	ne of Limited	Liability Co	ompany			
Dear Sir or Madam:		1				
The enclosed Registered Agent/Registered Off	ice Change ar	nd fee(s) are	e submitted for filling.			
Please return all correspondence concerning th	is matter to th	e following	<u>;</u> ;			
Emily Smith						
Name of Person						
. Paracorp Incorporated				SECI FALL/	2017	æ
Firm/Company				HA ST	Ē	m
PO Box 160568				SEE. I	≅	ECEIVE
Address				10 of		FTI
Sacramento, CA 95816				AGN A		
City/State and Zip Code						
E-mail address: (to be used for future ann	nual report no	ification)				
For further information concerning this matter,	please call:	ı		1 200	291	
Emily Smith	888	280	6563	LAHA		
Name of Person		Area C	ode & Daytime Telephone Nu	intber:	26	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2664 Executive Center Circle Tallahassec, Florida 32301	F L F	Registration Division of P.O. Box 63	Corporations	E. FLORIOA	A II: 50	
Enclosed is a check for the following	amount:					
☑ \$25 Filing Fee	0	\$55 Filing	 Fee & Certified Copy			
INHS18 (2/14)						

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	ame of the limited liability company: SUNSET A	ASSOCIA <mark>,</mark>	TES, LLC	
	, ,	(t		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4631 SHORECREST DRIVE	l 	4631 SI	HORECREST DRIVE
	ORLANDO, FL 32817		ORLAN	DO, FL 32817
	11/08/2016		L160002	05161
3.	Date of filing/registration in Florida	4.		Document number
5. (a	B & C CORPORATE SERVICES OF CE	NTRAL FL	ORIDA .	
v. (u.	Registered Agent and Registered Office shown on the record	s of the Florida	Dept, of Sta	 ic:
	Registered Office Address (MUST BE FLORIDA STRE 390 NORTH ORANGE AVE STE 1400	ET ADDRESS		-
	ORLANDO	FL_32801		-
(b)	Paracorp Incorporated			=1 ~2
()	Enter name of NEW Registered Agent and/or NEW Register	ered Office ad	dřess:	78 F
	155 Office Plaza Drive, 1st Floor		1	200 G
	NEW Registered Office Address:			
	Tallahassoe	FI. 32	30,1	POSISON S. P. S. O. S. M. S. O. S. O
the chagent was/w the ar Sign I here provise the object to men	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the membericles of organization or the operating agreement of authorized representative of a member or authorized representative of a member or authorized representative of a member or authorized representative of a member of all statutes relative to the proper and competitions of my position as registered agent as provingly reflect a change in the registered office addressed in writing of this change.	s of the regi d liability cors of the lim the limited agree to accepte the perform	stered officompany, it nited liability con the liability con the liability control of the liability cap, and a finithin cap, and another of my	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany. Printed or typed name of signee pacity. I further agree to comply with the chairs and I am familiar with and accent

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

Milton Vong, Assistant Secretary

Telefed Agent