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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	į

Office Use Only

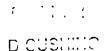


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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporation				
SUBJI	ECT:	Sunshine Na	Air and	Development iability Company	LLC
Dear S	ir or Madam:				
		(D) 100	c 01	6.7	~
I he en	closed Registered A	Agent/Registered Of	fice Change and	fee(s) are submitted for	r filing.
Please	return all correspor	dence concerning th	nis matter to the	following:	
	Daniel	Pena ame of Person			
	Sunskine F	Air and	Develoyment	<u>U</u> C	
21	29 SW 50	Address			
		Address			
	Aje Cornl	, FZ. 33 State and Zip Code	914		(***)
	City/:	State and Zip Code			ر : : ::
<u>ک</u> E	mastine air de	velopment (a concurrent	amail. com	ication)	င်း -:
For fur	ther information co	ncerning this matter	, please call:		<u>ئې</u> - :
D	Name of 1	Person	at (239) <u>565 00</u> Area Code & Daytim	39 te Telephone Number
	Mailing Address Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations		Street Address: Registration Section Division of Corpor The Centre of Talls 2415 N. Monroe S	rations ahassee
	Enclosed is a che	ck for the followin _!	~	Tallahassee, FL 32	
	₩ 343 rumg ree		– 3	55 Filing Fee & Certific	а сору

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: Sunshine air and development LLC
2 (a)	2129 SW 50+ LN (b)
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Cape Cuent, FL 33914
3.	11/17/2021
٥.	
5. (a)	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	2919 13th ST W
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Lehigh Acres
	Daniel Pena Enter name of NEW Registered Agent and/or NEW Registered Office address:
(b)	Doniel Peña
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	2129 SW SO+ LN
	NEW Registered Office Address:
	• •
	CAPE CORAL FL 33914
	C. TAC GORAL , FL GOTT
If the	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the cor 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)
	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
Sign	ture of a member of authorized representative of a member Printed or typed name of signee
provis the ob to mei notific	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed elv reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.
Sign at	fre of Registered Agent