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(Address)					
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PICK-UP WAIT MAIL					
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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section Division of Corporations	•				
Sunny Sandpiper, LLC	•				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this m	atter to the following:				
Thomas G. Schober					
Name of Person					
Schober Schober & Mitchell, S.C.					
Firm/Company					
1227 Corporate Center Drive, Suite 200					
Address					
Oconomowoc, WI 53066					
City/State and Zip Code					
tgs@schoberlaw.com					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, plea	ase call:				
Thomas G. Schober	262 785-1820 at ()				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following am	ount:				
■ \$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. N	ame of the limited liability company: Sunny Sandpiper				
		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited	Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)	
3.	Date of filing/registration in Florida		Document number		
5. (a)	Registered Agent and Registered Office shown on the records of				
	Registered Agent and Registered Office shown on the records of Carol Brock	the Florida Dept. of	State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1549 SANDPIPER #82			PIL 2022 MAR 28 SECRETARY TALLAHA	
	Naples , FL	34102		HAR 28 PI RETARY O	
(b)				2 MAR 28 PM 6: 39 CRETARY OF STATE FALLAHASSEE, FL	
	Gene Ahl				
	NEW Registered Office Address: 92016 Secret Cove Court				
	Fernandina Beach , FL	32034			
change agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the State of registered office ability company, of the limited liab	and the business office it is hereby confirmed the oility company or as othe	of the registered nat the change(s)	
	nomas & Selvoler	Thomas G. S			
-	aure of a member or authorized representative of a member		Printed or typed name o	•	
provis. the ob- to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, I had in writing of this change.	ee to act in this of performance of i I for in Chapter hereby confirm th	capacity. I further agree my duties, and I am fami 605, F.S. Or, if this doct hat the limited liability co	to comply with the liar with and accept ument is being filed ompany has been	
Signati	ire of Registered Agent				