

L15000 119538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

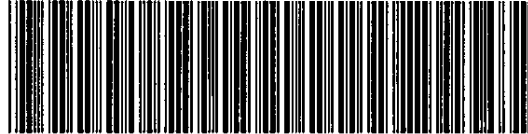
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 27 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1030 EMERALD DRIVE LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Troesch

Name of Person

Firm/Company

20505 E Country Club Dr, # 1932

Address

Aventura, FL 33180

City/State and Zip Code

info@sunnyholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Troesch

352

398-6183

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: 20505 E Country Club Dr, # 1932 1835 E Hallandale Beach Blvd, Suite 246

2. (a) _____ Principal office address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**)
 Aventura, FL 33180

(b) _____ Mailing address of limited liability company:
 (Note: **MAY BE POST OFFICE BOX**)
 Hallandale Beach, FL 33009

FL-L15000118538

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
AGENTS AND CORPORATIONS, INC.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
300 5TH AVE S STE 101-330

NAPLES 34012
FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Christopher Troesch

NEW Registered Office Address:
20505 E Country Club Dr, # 1932

Aventura, FL 33180

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or 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) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization, or the operating agreement of the limited liability company.

Christopher Troesch

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent