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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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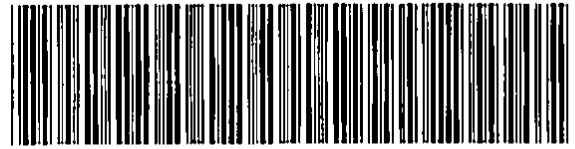
(Business Entity Name)

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DIVISION OF CORPORATIONS
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Rt Changes

OCT 30 2019

D CUSHING

TO: Registration Section
Division of Corporations

SUBJECT: Sandpiper Solutions LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent Registered Office Change and Fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly S. Lee CPA

Kimberly S. Lee

Name of Person

[Signature]

N/A

Firm/Company

11371 1st Avenue

Address

Seminole, FL 33772

City/State and Zip Code

KimLee CPA@hotmail.com

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

For further information concerning this matter, please call:

Kimberly S. Lee

727

656-2883

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

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0111 and 605.0112, 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 Sandpiper Solutions LLC

2. (a)

Principal office address of the limited liability company

Note: MUST BE STREET ADDRESS

1664 Starling Drive

Sarasota FL 34231

(b)

Street address of the limited liability company

Note: MAY BE POST OFFICE BOX

1664 Starling Drive

Sarasota FL 34231

10/09/2015

L15000172314

3. Date of filing registration in Florida

4.

Document number

5. (a) UNITED STATES CORPORATION AGENTS INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State

5575 S SEMORAN BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 36

ORLANDO

FL 32822

6. (a) Kimberlyn S. Lee CPA

Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Office Address

11371 61st Ave

Seminole

FL 33772

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.

Moirra Siobhan McNabb
Signature of a member or authorized representative of a member

Moirra Siobhan McNabb

Printed or typed name of signer

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]
Signature of Registered Agent

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