# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

#### SIGNATURE: ANDREW MCNEILL

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P15000099480

Entity Name: SUNSHINE CONCIERGE, INC.

## Current Principal Place of Business:

400 SW 1ST AVE 103 FT LAUDERDALE, FL 33301

#### **Current Mailing Address:**

400 SW 1ST AVE 103 FT LAUDERDALE, FL 33301 US

## FEI Number: 32-0481501

## Name and Address of Current Registered Agent:

HEYER, DEBRA A 8569 PINES BLVD STE 216 PEMBROKE PINES, FL 33024 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

### Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	Р	Title	D
Name	MCNEILL, ANDREW	Name	MCNEILL, FIONA
Address	400 SW 1ST AVE 103	Address	500 UNIVERSITY AVE, APT 1107
City-State-Zip:	FT LAUDERDALE FL 33301	City-State-Zip:	HONOLULU HI 96826

Certificate of Status Desired: No

FILED Jun 09, 2020 Secretary of State 4244628802CC

> 06/09/2020 Date

Date