## F0300000 1372

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400375724234

RAGRO Change

11/02/21--01012--013 \*\*35.00



A. RAMSEY NOV 1 6 2021

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SUN Shine COLVEHES INC. Name of Corporation
DOCUMENT NUMBER: F03000013712
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  SUNShine Coevettes INC  Firm/Company  3 1567 FARR Rd  Address  Dade Chy FL 33533  City/State and Zip Code  A 108980 @ ADH COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Cold   C
Their bode to buyinte receptions realists

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

\* \* \* FILING FEE: \$35.00 \* \* \*