## FIS 000000 III

(Requestor's Name)			
(Address)			
(Ad	ldress)		
(Cít	y/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates of \$	Status	
Special Instructions to Filing Officer:			
J. HORNE			
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	Office Use Only		

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Advanced Incorporating Servi	ice	
	1317 California Street P.O. Box 20396 Tallahassee, FL 32316	Phone: 850-222-CORP Fax: 850-575-2724 Email: wkopez@aisincfl.com Website: <u>www.aisincfl.com</u>
Sunnyhill Finncial Tra	-	
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PICK ONE: CERTIFIED COPY FILING: CORPORATIONLLCLIMITED FICTITIOUS NAMESERVICEM. FOREIGN QUALIFICATION FOREIGN QUALIFICATION OTHERRA	ARK/TRADEMARK	GENERAL PARTNERSHIP
GOOD STANDING CERT/C.U.S	_CERTIFIED COPY	РНОТОСОРҮ
Of	···	
APOSTILLE/NOTARY CERTIFICATION F	REQUEST:	
Country		_
Amount of Documents		
DATE8/12/22		
Notes:		

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

1. The name of the corporation: SUNNYHILL FINANCIAL, INC.

2. The principal office address: 600 California St., Suite 15-007

SAN FRANCISCO, CA 94108

3. The mailing address (if different):

4. Date of incorporation/qualification: \_\_\_\_\_\_\_

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

UNIVERSAL REGISTERED AGENTS, INC.

3458 Lakeshore Drive

Tailahassee, FL 32312

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

UNIVERSAL REGISTERED AGENTS, INC.

1317 California Street.

P.O. Box NOT acceptable

Tallahassee, FL 32312

The street address of its registered office and the street address of the business office of its registered \_\_mt, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Printed or typed name and tille

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Document number:

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the porporation has been notified in writing of this change.

Signature of Registered Agent

8/11/2022

Date

If signing on behalf of an entity:

Kent Rockwell

Typed or Printed Name

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

MAKE CHECKS PAYADI E TO ELOPIDA DEPARTMENT OF STATE