

Division of Corporations

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Florida Department of State
Division of Corporations
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H220001144123ABCR

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : OLIVE JUDD, P.A.
Account Number : 120200000171
Phone : (954)334-2250
Fax Number : (888)503-5258

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**LLC REGISTERED AGENT CHANGE
SUNNY SKIES REALTY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNNY SKIES REALTY, 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:

Stephen Hoffman, Esq.

Name of Person

Olive Judd, P.A.

Firm/Company

2426 East Las Olas Boulevard

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

shoffman@olivejudd.com

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

For further information concerning this matter, please call:

Stephen Hoffman

954

334-2250

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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(((H22000114412 3)))

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

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: SUNNY SKIES REALTY, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)(Note: MAY BE POST OFFICE BOX)1180 North Federal Highway, Unit 3021180 North Federal Highway, Unit 302Fort Lauderdale, Florida 33304Fort Lauderdale, Florida 3330410-05-2001L010000170933. Date of filing/registration in Florida4. Document number5. (a) Jane Rankin, Esq.

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)ONE EAST BROWARD BLVD, STE. 1600FORT LAUDERDALE, FL 33301(b) OLIVE JUDD, P.A.Enter name of NEW Registered Agent and/or NEW Registered Office address:NEW Registered Office Address:2426 East Las Olas BoulevardFort Lauderdale, FL 33301

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.

Richard W. Emmert
Signature of a member or authorized representative of a member

Richard W. Emmert
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.

Peter Olive Judd, P.A.
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA