1220000346597

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

Office Use Only



800413363998

08/07/23--01038--003 **915.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUN SIESTA, L.L.C. SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Holly Nikolich	
Name of Person	
Mika & Nikolich, PA	
Firm/Company	
1330 Main Street, 2nd Floor, Office 1	
Address	
Sarasota, FL 34236	
City/State and Zip Code	
Holly1@mnfirm.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, please	se call:
Holly Nikolich	941 345-7941
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 amo	unt:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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. Na	ame of the limited liability company: SUN SIESTA, L	.L.C.	
2. (a)	786 S. Orange Avenue, Saarasota, FL 34236	(b) 786 S.	Orange Avenue, Saarasota, FL 34236
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/09/2002	L020000	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Margaret Shoaf		
	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of !	State:
	49 N. Washington Blvd., Suite 29		
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	
			202
	Sarasota	L	FILE
		L	
(b)	Holly Nikolich		ASSS.
()	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	SEE. F
	1330 Main Street. 2nd Floor, Office1		AM 9: 24 EF. FLORID
	NEW Registered Office Address:		Or. F
	Sarasota, F	L	
change agent v was/w the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the latter of a member of authorized representative of a member	e registered office lability company, of the limited liab c limited liability o	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
	by accept the appointment as registered agent and ag	roo to act in this c	
provisi the obi to mer	on accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	e performance of n ed for in Chapter (hereby confirm th	w duties, and I am familiar with and accept s05, F.S. Or, if this document is being filed at the limited liability company has been

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

Signature of Registered Agent