## \_03000018408

Sunshine Management, LLC c/o Monika Lindmayer 5800 Cypress Hollow Way Naples, FL 34109	
(Muuless)	
(City/State/Zip/Phone #)	
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

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1. The name of the limited liability company is: Seven Ele	ven Court, LLC.
2. The mailing address of the limited liability company is : $518^{\circ}$	9 Old Gallows.
May Naples, FL 34105	· <u>-</u>
	13000018408
	ment number
5. The name of the registered agent and the registered office address a	s shown on the records of the
Florida Department of State:  Jeff M. Novatt, C.	heffy Passidomo
Jeff M. Novatt, C. Name 821 Fifth Avenue South Address	h, Stezoi
Naples, FL 3410 City, State and Zip	
6. The name and address of the new registered agent and/or office:	ALCO S
Monika Lindma	ver # T
Monika Lindma  5800 Cypress Hol  Florida street address (P.O. Box NOT account)	FILED FILED VALUE OF CORPORATION OF CORPORATION OF CORPORATION OF TABLE OF
Naples, FL 3410 City, State and Zip	9 800 27
If the limited liability company is not organized under the laws of the confirmed that after the change or changes are made, the Florida stree and the business office of the registered agent will be identical. Or, in liability company, it is hereby confirmed that the change(s) was/were of the members of the limited liability company or as otherwise provior the operating agreement of the limited liability company.	t address of the registered office the case of a Florida limited authorized by an affirmative vote
(Signature of a member or authorized representative of a member)	<del></del>
/ James Gendreau	•
(Printed or typed name of signee)  I hereby accept the appointment as registered agent and agree to act comply with the provisions of all statutes relative to the proper and co and I am familiar with and accept the obligations of my position as recognities 608, F.S. Or, if this document is being filed to merely reflect address, I hereby confirm that the limited liability company has been to the company has been	in this capacity. I further agree to implete performance of my duties, gistered agent as provided for in a change in the registered office notified in writing of this change.

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