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



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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Sun Time Properties 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:				
Tho Mas B Dagke Name of Person				
Sun Time Properties LLC				
11 Village Beach Road West				
Santa Rosa Beach FL 32459 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (314) 401-1400  Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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.

1. Na	me of the limited liability company:	Time, LLC		
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 11 Village Beach Road West Santa Rosa Barch FL 32459		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Santa Rosa Brach Road Wast		
3. Da	te of filing/registration in Florida	L0460001945 4. Document number		
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
	Registered Agent:	Thomas O. Daake		
	Registered Office Address:	125 Village Beach Roat What Santa Rosa Beach FL 32459		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	W Registered Office address:		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Juliage Deach Road West Santa Rosa Beach FL 32459		
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 officer 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 for the operating) agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  Anager  Printed or typed name of signee				
I here comply and I d Chapte addres	by accept the appointment as registered agent and a with the provisions of all statutes relative to the promition with and accept the obligations of my pair to the series of the limited liability compands. I hereby confirm that the limited liability compands.	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		
	e of Registered Agent			

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