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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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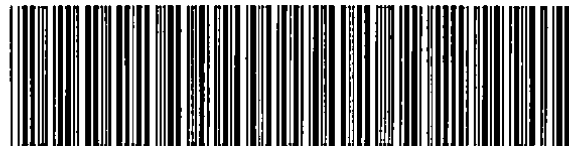
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CINNAMON SUNRISE, 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:

ROBERT A. ROGERS

Name of Person

CINNAMON SUNRISE, LLC

Firm/Company

PO BOX 49287

Address

SARASOTA, FL 34230

City/State and Zip Code

rrogers56@aol.com

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

For further information concerning this matter, please call:

ROBERT ROGERS

Name of Person

at ( 407 ) 467-1399

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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
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: CINNAMON SUNRISE, 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)

347 W. ROYAL FLAMINGO DR.

PO BOX 49287

SARASOTA, FL 34236

SARASOTA FL 3423

4/1/2005

LO500003216A

3. Date of filing/registration in Florida

4. Document number

5. (a) STEPHEN B. HATCHER, ESQ  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

315 EAST ROBINSON STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 600

ORLANDO, FL 32801

(b) ROBERT A. ROGERS  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

347 W. ROYAL FLAMINGO DR.

SARASOTA, FL 34236

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that at 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 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.

Carolyn H. Rogers, Mgr.

Signature of a member or authorized representative of a member

CAROLYN H ROGERS, MANAGER

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 understand 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.

[Signature]

Signature of Registered Agent