205000057953

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> MAR 3 1 2022 I ALBRITTON



TO: Registration Section Division of Corporations		
SUBJECT: 5321-5323 Sunset Ave, 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:		
William T. Fell Jr Name of Person		
5321-5323 Sunjet Ave LCC Firm/Company		
1130 Susavehanna Avenue		
Middle River MD 21220 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
William T. Fell Tr at (110) 563-7480 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) REC & WLGS, 75		



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SECRETATION TALLATIANS SEE, FL

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2022

WILLIAM T. FELL, JR. 1130 SUSQUEHANNA AVE MIDDLE RIVER, MD 21220

SUBJECT: 5321-5323 SUNSET AVE LLC

Ref. Number: L05000057953

We have received your document for 5321-5323 SUNSET AVE LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 022A00004621

Irene Albritton Regulatory Specialist III

www.sunbiz.org

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO

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.

Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) senue 3. Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of the Florida Dept. of State: NEW Registered Agent and/or NEW Registered Office address: 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 ϕr the operating agreement of the limited liability company. Heava waraana Printed or typed name offsignee Signature of a member or authorized representative of a member 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 chapte in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent