#106000005180

(Re	equestor's Name)	
. (Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETANY OF STATE

K.SALY EXAMINER IUN 5 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sunshine Heritage	
Name of L	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Jill Thomas	
Name of Person	
Sunshine Heritage Realt	ty LLC_
Firm/Company	
P.O. Box 1229	
Address	
Dade City, FL 33526	
City/State and Zip Code	····
JillRealty@gmail.com	
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter	er, please call:
	at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the followin	g amount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersig ler to change its registered office o	ned limited r registered
1. Name of the limited liability company: Sunshine Heritage Re	alty LLC	
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	y: 6339 Griffin Road Brooksville, FL 34601	3 C
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 1229 Dede City, FL 33526	A COLUMN TO STATE OF THE PARTY
5/30/13	L06000005180	36.0
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or Registered Agent:	the records of the Florida Dept. of	State:
•	SIII THOMAS	
Registered Office Address:	12742 Pompanic Street San Antonio, FL 33576	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Jill Thomas	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6339 Griffin Road	
MUST BE FEORIDA STREET ADDRESS	Brooksville ,FL	34601
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Jiii Thomas Printed or typed name of signee	Florida street address of the registere	ed office
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress. Thereby confirm that the limited liability companying a signature of Registered Agent		er agree to my duties, ted for in red office s change.
Division of Corporations, P.O. Box 6 FILING FEE:		