

L06000065550

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(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunset Shopping Centers, 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:

Joseph Akar
Name of Person

Sunset Shopping Centers, LLC
Firm/Company

36 NE 1st Street, 219
Address

Miami FL 33132
City/State and Zip Code

VirginiaKAR@Me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Virginia Akar at (305) 505-8881
Name of Person 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

*check
previously
mailed*

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 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. Name of the limited liability company: Sunset Shopping Centers LLC

2. (a) Principal office address of limited liability company: 36 NE 1st St. #219
MIAMI FL 33132
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 36 NE 1st St. #219
MIAMI FL 33132
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida _____
4. Document number LD6000065550

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Joseph Akar
Registered Office Address: 12 NE 1st St. #35
MIAMI FL 33132

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Joseph Akar
NEW Registered Office Address: 36 NE 1st St. 219
(MUST BE FLORIDA STREET ADDRESS) MIAMI FL 33132
FL _____

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 or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member
Joseph Akar
Printed or typed name of signee

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 608, 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 of Registered Agent _____

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

FILED
SEP 7 PM 3:05
TALLAHASSEE
FLORIDA
DEPT. OF STATE