

LOG000108751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAY - 3 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNRISE OPTICAL 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:

WOJCIECH WALECKI  
Name of Person

SUNRISE OPTICAL LLC  
Firm/Company

5352 NW 93rd TERR  
Address

SUNRISE FL 33351  
City/State and Zip Code

WJWALECKI@ZEBRAOPTICAL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WALECKI at (267) 626 3075  
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

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 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: SUNRISE OPTICAL LLC

2. (a) 9352 NW 93rd Ter

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

SUNRISE FL 33351

(b) 9352 NW 93rd Ter

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

SUNRISE FL 33351

3. 4/16/17  
Date of filing/registration in Florida

4. LOG000108751  
Document number

5. (a) PETER WALECKI

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

9352 NW 93rd Ter

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUNRISE FL 33351

FL

(b) WOJCIECH WALECKI

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

9352 NW 93rd Ter

**NEW Registered Office Address:**

SUNRISE FL 33351

FL

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2017 MAY -1 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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]  
Signature of a member or authorized representative of a member

PETER WALECKI  
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 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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2017

WOJCIELH WALECKI  
SUNRISE OPTICAL LLC  
5352 NW 93RD TERRACE  
SUNRISE, FL 33351

SUBJECT: SUNRISE OPTICAL LLC  
Ref. Number: L06000108751

We have received your document for SUNRISE OPTICAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 917A00005475