L07000034376

(Re	questor's Name)	
(Ad	dress)	
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(C)	y/State/Zip/Phone	. 40
(Cit	y/State/Zip/Prione	; # <i>)</i>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
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C. LEWIS

MAR 1 7 2009

EXAMINER

o Co	OVER LETTER			
TO: Registration Section Division of Corporations				
SUBJECT: Name of Limited Liability Company)				
(Name of Li	mited Liability Company)			
Sun	-PH 40			
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:			
David Spezza				
(Name of Person)				
	·			
Equity Partners Real Estate, LLC				
(Firm/Company)				
1324 Seven Springs Blvd. #363				
(Address)				
New Port Richey, FL 34655				
(City/State and Zip Code)				
For further information concerning this matter, pl	lease call:			
David Spezza at (
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (05/08)

·STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 company submits the following statement in order to charge the State of Florida.	8, Florida Statutes, the undersigned limited liability nge its registered office or registered agent, or both,	
in the State of Floridă.	SunPH 40 LLC	
1. Name of the limited liability company: \(\frac{1}{\lambda} \alpha \tag{\lambda}	ette Sorenser	
2. (a) Principal office address of limited liability compan	y: One Via Flora	
(Note: MUST BE STREET ADDRESS)	CHICO CA 95973	
	0	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	One UIA FLORA CHICO CA 95973	
VICTOR INTERPRETATION DON		
04/02/2007	L07000034376	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	CCBA Sanigar II C	
· ·	CCRA Services, LLC	
Registered Office Address:	2730 South A1A Highway	
	Melbourne Beach, FL 32951	
(1) To a company to the company to th		
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:	
NEW Registered Agent:	David Spezzá	
NEW Registered Office Address:	1324 Seven Springs Blvd.	
(MÜST BE FLORIDA STREET ADDRESS)	#363 New Port Richey,FL_34655	
If the limited Helilian community and according to the		
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the charge confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company.	et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited	
Manette R. Sorenson	3-10-09	
(Signature of a member of authorized representative of a member)		
(Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.	
(Signature of Registered Agent)		
Division of Corporations, P.O. Box FILING FEE	: \$25.00	

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

LIMITED LIABIL	TTY COMPANY	
Corrugate to the provisions of sections 608.416 or 608.5 company submits the following statement in order to che in the State of Florida.	08. Florida Statues, the undersigned I unge its registered office or registered i	imited liability agent, ar bath, SUN PH 40
1. Name of the limited liability company: 1/ANG	ETTE SORENSEN	LLC
2. (a) Principal office address of limited liability compar (Nuc. MUST BE STREET ADDRESS)	ny: One VIA FLORA CHICO CA	1 95973
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	ONI- VIA FLORA	
04/20/2007 5. Date of filling/registration in Florida	<u> 107 ор оо 34 376</u> 4. Document number	
5. (c) Registered Agent and Registered Office shown or	the records of the Florida Dept. of Stat	e:
Registered Agent:	CCRA Services, LLC	· ·
Registered Office Address:	2730 South A1A Highway #124 Melbourne Beach, FL 32951	13
(b) I-nter name of NEW Registered Agent and/or NE	W Registered Office address:	
NEW Registered Agent:	David Soezza	. n
NEW Registered Office Address: [MUST BE FLORIDA STREET ADDRESS]	1324 Seven Springs Blvd. #353 New Port Richey F.Fl. 246	. c
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the thereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	by an alternative vote of the members of organization or the operating agreem	r confirmed he husiness my, it is of the limited ent of the
(Signature of a manufact of authorized representative of a member)	3-10-09	
(United or typed name of signer)	ENSEN	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pan lamitar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited hability chappany has been notified.	agree to yet in this capacity. I further a oper and complete performance of my i us rogistered agent as provised for in change in the registered office address d in writing of this change.	gree to dufter, and l Lipping 608, Liberahy
(Signature of Registered Agent) Division of Corporations, P.O. Box FILING FEN		TALLAHA
INH518 (05:08)		16 PH