

LO9 000075062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000163730030

12/23/09--01022--012 \*\*25.00

FILED  
09 DEC 23 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

DEC 24 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sunny Lane 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:

Karin Moe  
Name of Person

Sunny Lane LLC  
Firm/Company

1565 South Ocean Lane #277  
Address

Fort Lauderdale Florida 33316  
City/State and Zip Code

Karinmoe40@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karin Moe at (954) 764-3734  
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 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: Sunny Lane LLC
2. (a) Principal office address of limited liability company: Sunny Lane LLC  
☒ (Note: **MUST BE STREET ADDRESS**) 1565 South Ocean Lane #277  
FORT LAUDERDALE FL 33316
- (b) Mailing address of limited liability company: % ESPN Schiefel  
☒ (Note: **MAY BE POST OFFICE BOX**) 1350 E. FLAMINGO AVE #277  
LAS VEGAS NV 89119  
LO-9000075062
3. Date of filing/registration in Florida August 5<sup>th</sup> 2009
4. Document number 10-9000075062
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: Anneli Schiefel
- Registered Office Address: 1565 SOUTH OCEAN LANE #276  
Fort Lauderdale FL 33316
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** Cassandra Giddens
- NEW Registered Office Address:** 2515 TARPON ROAD  
**(MUST BE FLORIDA STREET ADDRESS)** NAPLES, FL 34102

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.

X Karin Moe  
Signature of a member or authorized representative of a member

X KARIN MOE  
Printed or typed name of signer

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.

Cassandra Giddens  
Signature of Registered Agent

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