L09000110754

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COVER LETTER .

TO: Registration Section Division of Corporations	·				
,					
SUBJECT: Sun Coast PEO, LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	r to the following:				
Name of Person					
Sy CoastPEO, CLC Firm/Company	. .				
11758 Laurel Ock Ln Address					
Parrysh, FL 34219 City/State and Zip Code					
E-mail address: (to be used for future annual report	rt notification)				
For further information concerning this matter, please co	all:				
Name of Person at (Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:					
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

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. Na	ame of the limited liability company: Son Gas +	PEO, LO		
2. (a)	11758 Laurel Oak La	(h) .	SEME	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Parrish FL 34219			
	Date of filing/registration in Florida		L09000110	754
3.5. (a)	Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of the shown on the sho	4.	Document nur	mber
	Registered Agent and Registered Office shown on the records o	of the Florida Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREET 2 401 Manates Ava (Bradenton, F			2025 FEB
			<u>-</u>	FEB -5 AM 8: 30
(b)	JAMES C. Ramsey, JI			
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:		8: 33 5 IAIE (noith)
	NEW Registered Office Address: 11758 Lovel Oak Ly			
	Parish ,F	L <u>342/</u>	7	
change agent w was/we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered offic iability company of the limited lia	ce and the business of the is hereby confined the confineration of a spility company or a	office of the registered med that the change(s)
Signat	ure of a member or authorized representative of a member	·	JAMES C	Ramsey, JR
I heret provision the oblit to mere notified	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to act in this performance of ed for in Chapter hereby confirm		
Signatur	e of Registered Agent			