40000038056

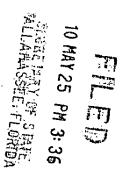
(Re	questor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL.	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



200180905792

05/24/10--01030--003 **25.00



D. BRUCE
MAY 26 2010
EXAMINER

COVER LETTER

a, 100 **b**.

	Registration Section Division of Corporations		
SUBJE	SUBJECT: Sunshine Vending of South Florida LLC		
	Name of Limite	d Liability Company	
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Patricia Thomas		
	Name of Person		
	Sunshine Vending of South Florida LL	<u>C</u>	
	Firm/Company		
	5562 W Shadyside Circle		
	West Palm Beach FL 33415 City/State and Zip Code		
E-n	berps09@yahoo.com nail address: (to be used for future annual report notificat	ion) S P	
For fur	ther information concerning this matter, ple	ease call:	
	Pattie Thomas at (561) 902-4004	
	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	
	Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301		
	Enclosed is a check for the following am	ount:	
٢	√ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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

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:Sunshin	a Vanding of South Florida I.I.C
Name of the limited liability company:Suristing	
(Note: MUST BE STREET ADDRESS)	West Palm Beach, FL 33415
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
(Mule: MAT BETOST OFFICE BOX)	
April, 9 2010	L10000038056
	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	Patricia Thomas
Registered Office Address:	5562 W Shadyside Circle West Palm Beach, FL 33415
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Alvaro Castillo 5562 W Shadyside Circle West Palm Beach, FL 33415
If the limited liability company is not organized under the longitude that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
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 prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirmfula the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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