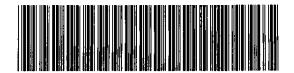


(Re	equestor's Name)	
(Address)		
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TQ: Registration Section Division of Corporations		
W		
	set 2020 LLC ed Liability Company	
Name of Limit	ed 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 i	natter to the following:	
Adam BergmanName of Person		
Name of Person		
IRA Financial Group LLC Firm/Company		
429 Lenox Avenue Address		
Miami Beach, FL 33139 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
E-mail address: (to be used for future annual report notificat	ion)	
For further information concerning this matter, ple	ease call:	
Adam Bergman at (305)537-2713 Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	i alianassee, Florida 32314	
Enclosed is a check for the following am	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BQTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited rability company submits the following statement in order to change its registered office or registered gent, or both, in the State of Florida.

Name of the limited liability company:	Sunset 2020 LLC
2. (a) Principal office address of limited liability company	y: 5409 Overseas Highway #345
(Note: MUST BE STREET ADDRESS)	Marathon, FL 33050
(b) Mailing address of limited liability company:	5409 Overseas Highway #345
(Note: MAY BE POST OFFICE BOX)	Marathon, FL 33050
November 2, 2010	L10000114117
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:	Mark T. Serbinski
Registered Office Address:	5409 Overseas Highway #354 5
	AAR C
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Party Registered Agent</u>	
NEW Registered Agent:	2
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	429 Lenox Avenue
	Miami Beach ,FL33139
If the limited liability company is not organized under the confirmed 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 Signature of a member or authorized representative of a member ADAM [3 EX6WCW]	lorida street address of the registered office cical. 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	gree to act in this capacity. I further agree to
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proud 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 confirm that the limited liability company	Sper 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