L12000 54350

(Requestor's Name)			
(Address)			
(Address)			
city/State/Zip/Phon	ne #)		
WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certificate	es of Status		
Special Instructions to Filing Officer:			
	ddress) ddress) ity/State/Zip/Phor WAIT usiness Entity Na ocument Number Certificate		

Office Use Only



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06/26/15--01009--010 **25.00



TO: Registration Section
Division of Corporations

SUBJECT: Sun state grow Lc. Name of Limited Liability Company			
Name of Limit of 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:			
Adrian Cabal. Name of Person			
Sun State broup 1/e Firm/Company			
7770 50 St. # 304 Address			
Lauder Lill Fl. 333.51 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Michael Ransay at (717) 465-3275 Name of Person J 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 P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314			
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$25 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:	State Group LLC.
2. (a)	1003 Sandpiper ct.	(b) 1003 Sandpiper Ct
()	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	Dunedin Th.	Dunedin Fr
	34698	34698
	04/20/2012	L12000054350
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Ramson Michael	6.
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of State:
	,	·
	Registered Office Address (MUST BE FLORIDA STREET A	(DDBESS)
	Registered Office Address MOST BU FLORIDA STREET A	pokessi
	1003 Sandpiper	<u>CT</u>
	Dunedin ,FL	34698
(b)	Adrian Cabal.	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address.
	NEW Registered Office Address:	
	7770 505T #	304
	Lauder hill ,FL	33351
if the l	limited liability company is not organized under the lav	ws of the State of Florida, it is hereby confirmed that after
the cha	ange or changes are made, the Florida street address of	the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members of	of the limited liability company or as otherwise provided in
the art	icles of organization or the operating agreement of the	limited liability company.
	Mokamen	Michael 6' Kamsay. Printed or typed name of signee
_	ature of a member or authorized representative of a member	Printed or typed name of signee
I here provis the ob to mer notifie	eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as providerely reflect a change in the registered office address, I is a full for this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

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

Signature of Registered Agenty