## 11200059891

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2015

TASHA MURRAY SUNLIGHT PROPERTIES, LLC 503 EAST JACKSON STREET #148 TAMPA, FL 33602 US

SUBJECT: SUNLIGHT PROPERTIES LLC

Ref. Number: L12000059891

We have received your document for SUNLIGHT PROPERTIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

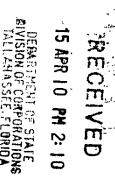
The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 515A00002676



## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Sun Light Properties 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:					
Tasha Murray Name of Person/	<del></del>				
SunLight Properties LLC Firm/Company					
SD3 f. Jackson Street # 148 Address					
Tampa FL 33602 City/State and Zip Code					
Sunlight propenies II Co amail com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Talka Myrvay at (813) 6166-4500  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  325 Filing Fee	: \$55 Filing Fee & Certified Copy				
- was time too	- 455 i ling i to a coluited copy				

## 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	me of the limited liability company: Sunlight Properties LLL		
2	(a)	(b)		
	( <del></del> ) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability (Note: MAY BE POST OFFICE)	E BOX	)
		\$03 E. Jackson Street #148 SO3 E. Jackson St	reet	#178
		Tampa, FL 33602 Tampa, FL 3360	2	<del></del>
		S/3/2012 L12000059891	·····	
3.		Date of filing/registration in Florida 4. Document number Corporation Service Company		
5.	(a)	The Company Corporation		
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
		·		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
,		1201 Hays Street	55	JAT 3S
		Tallahassee , FL 32301	APR	CR!
		- Mariassa, FL 500	<i>⊼</i> ō	表表表
	(b) .		0	SSE
,	(9) .	Enter name of NEW Registered Agent and/or NEW Registered Office address:	PH	## ##
			$\ddot{\mathcal{S}}$	UTS.
		Tasha Murray NEW Registered Office Address:	35	REE
		A Company of the Comp		<b>&gt;</b>
		503 E. Jackson Street # 148		
		Tampa, FL 33602		
[f +	انا م	N mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed	that a	fter
the	char	nge or changes are made, the Florida street address of the registered office and the business office of	the reg	istered
age was	nt w :/wei	ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the re authorized by an affirmative vote of the members of the limited liability company or as otherwise part of the l	cnange	ed in
the	artic	cles of organization or the operating agreement of the limited liability company.		
_		Take Murray  To ha Murray  Printed or typed name of signee		
		7.0		
I he pro the to m noti	ereb visic oblig iered fied	y accept the appointment as registered agent and agree to act in this capacity. I further agree to consons of all statutes relative to the proper and complete performance of my duties, and I am familiar wigations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document by reflect a change in the registered office address, I hereby confirm that the limited liability companion writing of this change.	nply w th and is bein y has l	ith the accept g filed seen
Sign	natur	of Registered Agent		
		Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314		

**FILING FEE: \$25.00**