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COVER LETTER

TO: Registration Section Division of Corporations 1930 NW 1ST TERRACE LLC SUBJECT: 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: Christopher Troesch Name of Person Firm/Company 20505 E Country Club Dr, # 1932 Address Aventura, FL 33180 City/State and Zip Code info@sunnyholdings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 352 398-6183 Christopher Troesch Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$55 Filing Fee & Certified Copy **■** \$25 Filing Fee

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.

. Na	ame of the limited liability company:	TTER	RACE	LLC		
. (a)	20505 E Country Club Dr, # 1932		1835 E Hallandale Beach Blvd, Suite 246			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Aventura, FL 33180		,	-	imited liability company: POST OFFICE BOX) 33009	
	July 11, 2012	_	FL-L1	2000090403		
•	Date of filing/registration in Florida	4.		Document num	ber	
. (a)	Registered Agent and Registered Office shown on the records of AGENTS AND CORPORATIONS, INC.	the Floric	a Dept. o	f State:		
	Registered Office Address (MUST BE FLORIDA STREET A	4DDRES	<u>S)</u>		SEC	
	NAPLES, FL	34012	2		ET 26	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Christopher Troesch	Office as	ldress:	 .	ED 8 94 5:00	
	NEW Registered Office Address: 20505 E Country Club Dr, # 1932					
	Aventura , FL	33180	1			
ne cha gent w as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regability confirmation from the linger	istered o ompany nited lia liability	office and the busines , it is hereby confirm bility company or as	s office of the registered ed that the change(s)	
Signat	ture of a member or authorized representative of a member			Printed or typed na	ame of signee	
rovisio le obli le mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a charge in the registered office address, I have a charge.	nertorn	iance of	my duties and Lam	familiar with and accer	
ionatu	re of Registered Agent					