

L130000/5383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

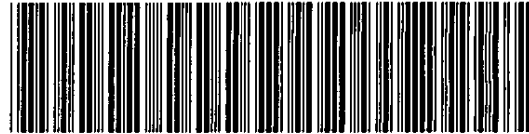
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 09 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SUN STATE INVESTORS GROUP, LLC

Signature _____

Requested by: SETH

6/7/17

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
X Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
X Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

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TALLAHASSEE, FLORIDA

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AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: SUN STATE INVESTORS GROUP, LLC

SECOND: The Florida Document number of the limited liability company is: L13000015383

THIRD: The street address of the limited liability company's principal office is:

6385 Rocking Horse Place
Oviedo, FL 32765

The mailing address of the limited liability company's principal office is:

P.O. Box 290
Oneco, FL 334264

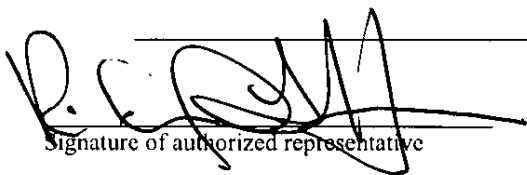
FOURTH: The date the statement of authority became effective is: September 3, 2015

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

N/A


Signature of authorized representative

Richard G. Harn
Typed or printed name of signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)