

L13000078251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

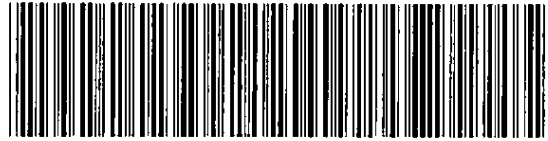
(Document Number)

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23 NOV 15 AM 9:15
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TALLAHASSEE, FLORIDA

2023 NOV 16 PM 3:45
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195

REFERENCE : 135181 7408659

AUTHORIZATION :

COST LIMIT : \$25.00

Louise A. Sorenson

ORDER DATE : November 16, 2023

ORDER TIME : 12:10 PM

ORDER NO. : 135181-005

CUSTOMER NO: 7408659

CHANGE OF AGENT

NAME: SUNSHINE LIFE & HEALTH
ADVISORS, LLC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

**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. Name of the limited liability company: SUNSHINE LIFE & HEALTH ADVISORS, LLC.

2. (a) _____ Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>7757 W Flagler Street Suite 210</u> <u>Miami, FL 33144</u>	(b) _____ Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>7757 W Flagler Street Suite 210</u> <u>Miami, FL 33144</u>
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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:
Arevalo, Odalys
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7757 W Flagler Street Suite 210
Miami, FL 33144

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Jennifer E. Baumann
Signature of a member or authorized representative of a member

Jennifer E Baumann, Authorized Person
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Grace E. Kirby
Signature of Registered Agent
Grace E. Kirby, Asst. Vice President, on behalf of Corporation Service Company

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**