113000176507

(Requestor's Name)				
(Address)				
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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(20011000 21111, 1101110)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	SUNSHINE STATE LAW, PLLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered C	Office Change and fo	ee(s) are submitted for filing.		
Please	return all correspondence concerning	this matter to the fe	llowing:		
Luke Jo	ohnson				
	Name of Person		_		
Sunshir	ne State Law, PLLC				
	Firm/Company		_		
2058 C	ottage Street				
	Address		_		
Fort M	yers, Florida 33901				
_	City/State and Zip Code	•	_		
luke@s	unshinestatelawoffice.com				
E	-mail address; (to be used for future a	nnual report notific	ation)		
For fur	ther information concerning this matte	er, please call:			
Luke Jo	phnson	239 at (790-4477		
	Name of Person	\	Area Code & Daytime Telephone Number		
	Mailing Address:		Street Address:		
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following	ng amount:			
	■ \$25 Filing Fee	□ \$55	Filing Fee & Certified 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. N	ame of the limited liability company: Sunshine State L	aw, PLLC		
2. (a)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: tNote: MAY BE POST OFFICE BOX)	
	2058 Cottage Street	20:	2058 Cottage Street	
	Fort Myers, Florida 33901	For	rt Myers, Florida 33901	
	12/24/2013	L130	000176507	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records of	The Florida Dep	t. of State:	
	Luke Johnson			
	Registered Office Address (MUST BE FLORIDA STREET	20		
	2125 Victoria Avenue		2 3 T	
	Fort Myers , F	L_33901	FILED PALLAHASSEE. FLÖRIÖA	
			- SSET	
(b)	Enter name of NEW Registered Agent and/or NEW Registere			
	Finter name of NEW Registered Agent and/or NEW Registere	<u>d Office address</u>		
	Luke Johnson		10 A	
	NEW Registered Office Address:			
	2058 Cottage Street			
	Fort Myers	. 33901 L.		
change agent was/w the art Signa I here provise the obto mer	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light or cauthorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of member or authorized representative of a member by accept the appointment as registered agent and agains of all statutes relative to the proper and complete light of the position as registered agent as provide why reflect a change in the registered office address. It did no writing of this change.	e registered of iability compa of the limited iabil Luke Joh	fice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Brinted or typed name of signec his capacity. I further agree to comply with the	
Lu	he lahum ire of Registered Agent			