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COVER LETTER

Division of Corporations	· ·			
SUBJECT: Snyog Fointain Name of Limited Lia	OS, LLC bility Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fo	ee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the fo	ollowing:			
Martha W Sunyag Name of Person	_			
Sunyag Fountains, LLC Firm/Company				
17099 Ashcomb Way Address	- P)			
EStero, FL 33928 City/State and Zip Code				
E-mail address: (to be used for future annual report notific	ation)			
For further information concerning this matter, please call:				
Martha Sunyog at (239) Name of Person) 571-3317 Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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.

		 .	` ^ ^	V × C		
1. Na	me of the limited liability company:	<u>Founta</u>	., (15	, CCC		
2. (a)	17099 Ashcomb Way	(b)	099	Ashcon	nb u	Day_
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	address of limited: MAY BE POST	_	• •
	<u>LStero</u> , FL 33928		<u>- STC((</u>	O, FL	7212	<u>- 8</u>
		<u> </u>				
	4-2-14	1	poor	14500	94	
3.	Date of filing/registration in Florida	4.	Docum	nent number		
5. (a)	Jeff NOVAH ESq.					
()	Registered Agent and Registered Office shown on the records of the	e Florida Dept. of S	tate:			
	1415 Panther Lane					
	Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS)				
	Svite 327		<u> </u>			
	Napres , FL	34109			1.0	::,
(1.)	Martha Sunyoa				2 5 9	
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	Office address:			_	* -
					<u>+</u>	-
	17099 Ashcomb Way					, 1,
	NEW Registered Office Address:				• •	!
					^.)	
	ESTECO, FL	33928				
if the li	mited liability company is not organized under the laws	of the State of I	Florida, it	t is hereby con	firmed tha	it after the
change	or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab	egistered office a	and the bu	usiness office of	of the regi	stered
was/wc	re authorized by an affirmative vote of the members of	the limited liabil	lity comp			
the arti	cles of organization or the operating agreement of the li	•	• •	~ Suc.		
Signat	ure of a member or authorized representative of a member	<u> None</u>	NCI C	E SUN	Signe	
I heret	ov accept the appointment us registered agent and agree	e to act in this ca	inacity I	further garee	to comply	with the
provisions of the oblination o	ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f ly reflect a change in the registered office address, I he	erformance of m for in Chapter 60 reby confirm tha	y duties, d 05, F.S. (ut the limi	and I am famil Or, if this docu ited liability co	iar with a iment is be impany ho	nd accept eing filed is been
понутеа	Tin writing of this change.					
Signatu	re of Registered Agent					