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(8/26/2021 TH

COVER LETTER

TO: Registration Section Division of Corporations	
OKEECHOBEE SUNSHINE BOYS, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
DANIEL SAMBUCCI	
Name of Person	
SAMBUCCI BROS LI	
Firm/Company	
1 SOUTH DENTON AVE.	
Address	
GARDEN CITY PARK, NY 11040	
City/State and Zip Code	
DANSAMBUCCI@AOL.COM	
E-mail address: (to be used for future annual repor	notification)
For further information concerning this matter, please ca	all:
MAN 51 at (6 747-0250
Name of Person	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	:
■ \$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.

1.	Na	me of the limited liability company: OKEECHOBEE SI	UN:	SHI	NE —	BOYS, LI	LC			
2	(a)	DANIEL SAMBUCCI		Œ) ! (c	DANIEL S	SAMBUCCI			
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-	-/ _	Ν	Mailing address of limit (Note: MAY BE PO	•	-	-
		I DENTON AVE SOUTH			1	DENTO	N AVE SOUTH			
		GARDEN CITY PARK, NY 11040	_		-	GARDEN	CITY PARK, NY 1	1040		
		05/09/2014			LI	140000764	107			
3.		Date of filing/registration in Florida	4.				Document number	•		
5.	(a)									
	()	Registered Agent and Registered Office shown on the records of the UNITED CORPORATE SERVICES, INC.	ne Fl	orida	a De	ept. of State	- ::			
		Registered Office Address (MUST BE FLORIDA STREET A	DDI	RES.	21	<u>. </u>	-			
		3458 LAKESHORE DRIVE								
		TALLAHASSEE ,FL_	3:	2312	<u> </u>	•	• -			grynte ga n
	(b)	DANIEL SAMBUCCI								
	. ,	Enter name of NEW Registered Agent and/or NEW Registered ()ffic	ce ad	ldre	<u>ess</u> :		;=t	20	
		DANIEL SAMBUCCI						ECRE	2021 AUG	-17
		NEW Registered Office Address:					•	AUG 13 RETARI AHASS		
		2003 N. OCEAN BOULEVARD, APT. 301 N					_			<u>.</u>
		BOCA RATON , FL_		3343	31		· -	OF STATE	PH 5: 49	Ü
ch ag wa	ange ent v as/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab to authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egi: oilit the	stere y co : lim	ed o omp nite	office and pany, it is d liability	I the business office thereby confirmed to company or as officed to the company of the compa	e of the re that the cl	hat af gister lange	ed (s)
_	_			DA	NII	EL SAMBI				
		of a member of authorized representative of a member				, .	Printed or typed name	_	, .	1
pritto no	heret ovisi 2 obl mere vijec	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igalions of my position as registered agent as provided by reflect a charge in the registered office address, I he in writing of this change.	e to erfo for ereb	orme in C	in anc Cha onf	this capa se of my a upter 605, irm that t	icity. I further agre luties, and I am fan F.S. Or, if this do he limited liability	ee to comp niliar with ocument is company	oly wit and a being has be	h the accept filed een
Si	gnatu	re of Resistant Agent		(22	7	Tallaha-	oo El 22214			