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Certified Copies	Certificates	of Status
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TO:	Registration Section
	Division of Corporations

SUBJECT: SINKER 6 / LCC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEORGE G KERSTEN

Name of Person

SINKERGI LLC
Firm/Company

1387 GEORGE TOWNE CIR

SARASOTA FC 34232
City/State and Zip Code

SINKERGI @ IN BOX. COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE KERS TEN at (941) 504-2240

Name of Person Area Code & Daytime Telephone Number

1

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

## **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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.

ioriau	•
1. Nai	me of the limited liability company: SINKER 61 LCC
2. (a) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) 1387 GEORGE TO WILL CIP  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	SARASOTA, FL 34232 SARASOTA, FL 34232
3.	JULY 16 2014         L 140001122 71           Date of filing/registration in Florida         4.         Document number
5. (a)	MARSHA DASCH
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  LEGALING CORPORATE SERVICES INC  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  2846 Nu 79 <sup>TH</sup> AVE
<i>a</i> >	2846 NW 79 M HUE.  DORAL FL 33/22  KATHY S MS610N
(b) <u>.</u>	Enter name of NEW Registered Agent and/or NEW Registered Office address:  3042 TVUE LANE  NEW Registered Office Address:
	SARASOTA ,FL 34232
the chai agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in company or the operating agreement of the limited liability company.
Signati	ure of a member or authorized representative of a member    GEORGE G KERSTEN   Printed or typed name of signee
I hereb provision the obli to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed all the limited liability company has been I in writing of this change.
<b>You</b> Signatur	Cy Registered Agent