L14000138080

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
,		,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	•
SUNIGHT LLC	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
GuiYu Sun	
Name of Person	
SUNIGHT LLC	
Firm/Company	
1922 E Sunrise Blvd.	
Address	
Fort Lauderdale, 33304	
City/State and Zip Code	
yanrongwang002@gmail.com	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
YanRong Wang	949 701-9902
Name of Person	Area Code & Daytime Telephone Number
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 a	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.

. Na	ame of the limited liability company: SUNIGHT LL	•		
. (a)	1922 E Sunrise Blvd. Fort Lauderdale	(b)	1922 E	Sunrise Blvd. Fort Lauderdale
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· —	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	FL 33304	_	FL 3330	4
	09/04/2014		 L1400013	38080
	Date of filing/registration in Florida	4.		Document number
(a)	Guiya Sun			
(-,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e;
	1922 E Sunrise Blvd. Fort Lauderdale			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<u> </u>	-
				-
	. FI	33304		<u>د</u> (۵)
	, , ,			
		·		- - -∴
(h)	YanRong Wang			
(h)	YanRong Wang Enter name of NEW Registered Agent and/or NEW Registered	Office add	Iress:	
(h)		Office add	lress:	- - -
(h)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 1922 E Sunrise Blvd. Fort Lauderdale	Office add	lress:	្នា មា ម
(h)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	जि प
(h)	Enter name of NEW Registered Agent and/or NEW Registered 1922 E Sunrise Blvd. Fort Lauderdale NEW Registered Office Address:	33304	lress:	្នា មា ម
	Enter name of NEW Registered Agent and/or NEW Registered 1922 E Sunrise Blvd. Fort Lauderdale NEW Registered Office Address:	33304		in the second se
he li cha ent w s/we	Enter name of NEW Registered Agent and/or NEW Registered 1922 E Sunrise Blvd. Fort Lauderdale NEW Registered Office Address: FI imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of the case of the case of the case of the members of the case	33304 ws of the the regis ability coof the limit	State of Flo tered office mpany, it is	orida, it is hereby confirmed that after and the business office of the registers shereby confirmed that the change(s) y company or as otherwise provided in
he li cha ent w s/we	Enter name of NEW Registered Agent and/or NEW Registered 1922 E Sunrise Blvd. Fort Lauderdale NEW Registered Office Address: F1 imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li	33304 ws of the the regis ability coof the limited limited limited limited limited limited services.	State of Flo tered office mpany, it is	orida, it is hereby confirmed that after and the business office of the registers shereby confirmed that the change(s) y company or as otherwise provided in

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

Signature of Registered Agent