L14000143081

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

Office Use Only



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03/06/17--01024--002 **25.00



D. BRUCE MAR 23 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2017

ELAINE MARIE DEVAL 1532 LAND O' LAKES BLVD, STE C LUTZ, FL 33549

SUBJECT: SUN REALTY ESTATE AGENTS, LLC

Ref. Number: L14000143081

We have received your document for SUN REALTY ESTATE AGENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 517A000 2355

2 P P 18

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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	·				
SUBJECT: SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for fil	ina			
	-	mg.			
Please return all correspondence concerning this matt	ter to the following:				
Elaine Marie Deval					
Name of Person					
SUN REALTY Estate Agents LLC					
Firm/Company					
1532 Land O' Lakes Boulevard Suite C		•			
Address		Žs s			
		EGR F			
Lutz Florida 33549		HAR SRETA AHAS			
City/State and Zip Code		22 SSEE			
sue@9496444.com		To See			
E-mail address: (to be used for future annual re	port notification)				
For further information concerning this matter, please	e call:	>			
Sue Larreau Bergstrom	813 390-2321	·			
Name of Person	Area Code & Daytime T	elephone 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 amount:					
2 \$25 Filing Fee	□ \$55 Filing Fee & Certified C	Сору			

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	Name of the limited liability company: SUN REALT	Y Estate Agents	LLC		
2. (a)	1532 Land O' Lakes Boulevard Suite C	(b) 1532 L	(b) 1532 Land O' Lakes Boulevard Suite C		
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Lutz FL 33549	Lutz FI	L 33549		
	-				
	3/1/2017	?			
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	Sue Larreau Bergstrom				
J. (u	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of St	ate:		
	1532 Land O' Lakes Boulevard Suite C				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
			FALL		
	Lutz , FI	_L 33549	ZON MAR SEGRETA		
(b)	Elaine Marie Deval		SER 22		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	L. 10		
	1532 Land O' Lakes Boulevard Suite C		TATE ORIDA		
	NEW Registered Office Address:				
			_		
	Lutz , Fl	L 33549	_		
the cl agent was/v	limited liability company is not organized under the lanange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registered offi iability company, it of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in		
	Sue Larreau Bergstrom	Sue Larrea	u Bergstrom		
	nature of a member or authorized representative of a member		Printed or typed name of signee		
provi the oi to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	e performance of m ed for in Chapter 60 hereby confirm tha	y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed it the limited liability company has been		
Signa	ture of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		