

L15000023117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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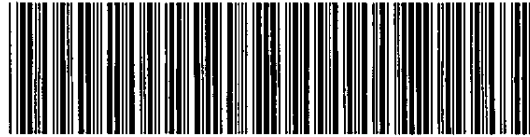
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 21 2015  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sunshine State Home Solutions  
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:

Tammy Funk  
Name of Person

Sunshine State Home Solutions  
Firm/Company

209 Sedona Way  
Address

Palm Beach Gardens FL 33418  
City/State and Zip Code

EFunk@SunshineStateHomeSolutions.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Funk at (561) 707-5893  
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 amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 7, 2015

SUNSHINE STATE HOME SOLUTIONS, LLC  
TAMMY FUNK  
209 SEDONA WAY  
PALM BEACH GARDENS, FL 33418

SUBJECT: SUNSHINE STATE HOME SOLUTIONS, LLC  
Ref. Number: L15000023117

We have received your document for SUNSHINE STATE HOME SOLUTIONS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 715A00014123

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DIVISION OF STATE  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: Sunshine State Home Solutions, LLC

2. (a) 209 Sedona Way  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Palm Beach Gardens, FL  
33418

(b) 209 Sedona Way  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

Palm Beach Gardens, FL  
33418

3. February 4, 2015  
Date of filing registration in Florida

4. 415000023117  
Document number

5. (a) Business Filings Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road  
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)

Plantation, FL 33324

(b) Tammy Funk  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

209 Sedona Way  
**NEW Registered Office Address:**

Palm Beach Gardens, FL 33418

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Tammy Funk  
Signature of a member or authorized representative of a member

Tammy Funk  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Tammy Funk  
Signature of Registered Agent

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