L1500030395

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

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date:August 26, 2020	Account#. 120000000000					
Name: KEN HOWELL						
Reference #:1258107						
Entity Name: SUM	MMER SUNSET LLC					
Articles of Incorporation/Authorization to Transact Business						
Amendment						
✓ Change of Agent ISSUES? CALL						
Reinstatement	KEN:					
Conversion	518-213-0738					
Merger						
☐ Dissolution/Withdrawal						
Fictitious Name						
Other						
Authorized Amount: \$25.00						
Signature:						

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT:	SUMME	R SUN	SET LLC	
Name of Limited Liability Company			any		
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registered	l Office Cha	nge and	fee(s) are sub	mitted for filing.
Please	e return all correspondence concernit	ng this matte	r to the f	ollowing:	
	James A. Locke III			_	
	Name of Person				
	Firm/Company				
	8914 Carillon Estates	Way		_	
	Address				
	FT. MYERS, FL 339)12			
	City/State and Zip Co	ode			
	jalspl90@rochester.rr				
	E-mail address: (to be used for future	annual repo	ort notiti	cation)	
For fu	urther information concerning this ma	atter, please	call:		
	Delaney J. Jaffarian	at (585)_	263-1489
	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	i:	Reg Div P.O	AILING ADI gistration Sec rision of Corp J. Box 6327 lahassee, Flor	tion porations
Enclosed is a check for the following amount:					
	LI \$25 Filing Fee		☐ \$5	5 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.	Name of the limited liability company: SUMMER SUM			MER SUNSET LLC
2.	(a)	8914 Carillon Estates Way	(b)	8914 Carillon Estates Way
~· (·	,,,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		FT. MYERS, FL 33912		FT. MYERS, FL 33912
		02/11/2015	- 	L15000026295
?		Date of filing/registration in Florida	4.	Document number
5	(a)	COGENCY GLOBAL INC.		
		Registered Agent and Registered Office shown on the records of the	he Florida Dept.	of State:
		155 OFFICE PLAZA DR.		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	[2] 2.
		TALLAHASSEE , FL	32301	
ch	(b)	James A. Locke III		्राप्त - •
		Enter name of NEW Registered Agent and/or NEW Registered	Office address:	7: 1,2
		8914 Carillon Estates Way		2
		NEW Registered Office Address:		
		Ft. Myers	33912	
		, FL		
the age wa the	cha ent w s/we arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law of a member or authorized representative of a member.	the registered bility compan f the limited li limited liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. ames A. Locke III
I h pro the to t aot	crel	by accept the appointment as registered agent and agree on so of all statutes relative to the proper and complete pigations of my position as registered agent as provided liveralized actions of my position as registered agent as provided liveralized actions of this change in the registered affice address. I have the provided of this change in the registered agent as provided with the provided actions of this change.	ee to act in thi performance of for in Chapte ereby confirm	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept of 5, F.S. Or, if this document is being filed a that the limited liability company has been