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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext:

Date: 05/14/24 Order #: 1502702-1 Re: Sunrise Acres, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: I20000000195

AUTH

Please take the following action:

File on a routine basis Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	ecr.	Sunrise Acres, LLC Name of Limited Liability Company					
SUBAI							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Office (Change and fee(s)	are submitted for filing.				
Please	return all correspondence concerning this m	atter to the follow	ing:				
	Patrick Minnihan, Paralegal						
	Name of Person						
	Tarlow, Breed, Hart & Rodgers, P.C.						
	Firm/Company						
	101 Huntington Avenue, Suite 500						
	Address						
	Boston, MA 02199						
	City/State and Zip Code						
	pminnihan@tbhr-law.com						
Е	-mail address: (to be used for future annual	eport notification)				
For fur	ther information concerning this matter, plea	se call:					
	Patrick Minnihan, Paralegal	617 2	18-2000				
	Name of Person	\	a Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Rep Div The 24	gistration Section vision of Corporations c Centre of Tallahassee 15 N. Monroe Street, Suite 810 clahassee, FL 32303				
	Enclosed is a check for the following am	ount:					
	□ \$25 Filing Fee	🗅 \$55 Fili	ng Fee & Certified Copy				
INHS18	3 (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. Na	ame of the limited liability company: Sunrise Acres	, LLC		
2. (a)	18 North Washington Street	(b	18 North \	Washington Street
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	North Attleborough, MA 02760		North Attle	borough, MA 02760
	02/20/2015		L15000032	278
3.	Date of filing/registration in Florida	— _{4.} -		Document number
5. (a)	Iris H. Cannata			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1224 Roycroft Ave. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Celebration, i	L_34747		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company			2021 MAY 14
	NEW Registered Office Address:		·	[1]
	1201 Hays Street			
	Tallahassee F	FL_32301		3: 27
change agent w was/we	mited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registered liability cores of the limi	d office and npany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
- 0:	General Description of the second	Lisa		, Authorized Representative
	uré of a member or authorized representative of a member			Printed or typed name of signee
provision the oblination to mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ly reflect a change in the registered office address, it in writing of this change.	gree 10 act 1 e performa led for in Ci I hereby coi	n inis capac nce of my di hapter 605, ifirm that th	cut. I juriner agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been

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

hauna Godbolt.