

150047403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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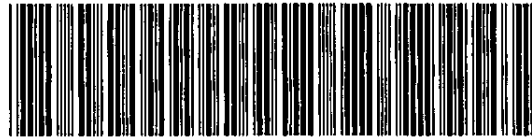
(Business Entity Name)

(Document Number)

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U.S. DEPT. OF STATE  
OFFICE OF REGISTRATION

OCT 18 2016  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sunset Vista 2, LLC

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:

**Barbara M. Caldwell**

Name of Person

**Caldwell Law Firm**

Firm/Company

**467 Mariner Blvd.**

Address

**Spring Hill, FL 34609**

City/State and Zip Code

**barbara@lawbmc.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Barbara M. Caldwell**

**407**  
at ( )

**607-4979**

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

**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: Sunset Vista 2, LLC

|   |   |
|---|---|
| 2. (a) <u>Principal office address of limited liability company:</u><br><u>(Note: MUST BE STREET ADDRESS)</u><br><u>467 Mariner Boulevard</u><br><u>Spring Hill, FL 34609</u> | (b) <u>Mailing address of limited liability company:</u><br><u>(Note: MAY BE POST OFFICE BOX)</u><br><u>154 West Greystone</u><br><u>Old Bridge, NJ 08857</u> |
|---|---|

03/16/2015

L15000047403

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Barbara M. Caldwell

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
115 Maitland Avenue  
Altamonte Springs, FL 32701

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

NEW Registered Office Address:  
467 Mariner Boulevard

Spring Hill, FL 34609

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.

Tracy Tonnisen  
Signature of a member or authorized representative of a member

TRACY TONNISEN  
Printed or typed name of signee

*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.*

Barbara M. Caldwell  
Signature of Registered Agent

FILED  
CLERK OF STATE  
16 OCT 17 AM 11:05