## L150000557A6

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## **COVER LETTER**

TO: Registration Section Division of Corporations	•			
Sunizo, LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
Marie B. Code, Esq				
Name of Person				
Marie B. Code, Esq, P.L.				
Firm/Company	<del></del>			
1308 SW 27th Terrace				
Address	<del></del>			
Cape Coral, FL 33914				
City/State and Zip Code	<del></del>			
Marie@MarieEsquire.com				
E-mail address: (to be used for future annual report	notification)			
For further information concerning this matter, please cal	l:			
Marie B. Code, Esq. 239	829-0063			
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			
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.

l. Na	ame of the limited liability company:			are an about the contract of t
. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fort Myers, FL 33907	_		
	03/30/2015		L150	00055796
i	Date of filing/registration in Florida	4.		Document number
(a)	Farmer & Associates, PLLC			
()	Registered Agent and Registered Office shown on the records of 999 Vanderbilt Beach Rd Ste 503	the Flori	la Dept. o	of State:
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRES	<u>:27</u>	
	Naples , FL	34108	3	
(b)	Code, Marie B, Esq.			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	
	1308 SW 27th Terrace			
	NEW Registered Office Address:			
	Cape Coral, FL	33914	ļ 	
e cha ent v as/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lies and thorized by an affirmative vote of the members of organization or the operating agreement of the	the regability of the linited	istered of company nited lia liability	office and the business office of the register y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		•	Printed or typed name of signee
ovisi e obl merc	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I id in writing of this change.	ree to ac perform d for in hereby c	et in this nance of Chapter confirm	s capacity. I further agree to comply with the firm duties, and I am familiar with and accer 605, F.S. Or, if this document is being file that the limited liability company has been
\ \	re of Registered Agent			

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