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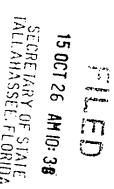
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## **COVER LETTER**

TO: Registration Section Division of Corporations					
1030 EMERALD DRIVE LLC					
SUBJECT: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:					
Christopher Troesch					
Name of Person					
Firm/Company					
20505 E Country Club Dr, # 1932					
Address					
Aventura, FL 33180					
City/State and Zip Code					
info@sunnyholdings.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Christopher Troesch 352 398-6183					
at ()					
Name of Person Area Code & Daytime Telephone Numb					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations  Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
■ \$25 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.

Na	ume of the limited liability company:	D DF	RIVE LLC	
2. (a)	20505 E Country Club Dr, # 1932	(	b)	Hallandale Beach Blvd, Suite 246
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Aventura, FL 33180	-	N	Aailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  ale Beach, FL 33009
	July 15, 2015	_	FL-L1500	0118538
	Date of filing/registration in Florida	4.		Document number
. (a)	Registered Agent and Registered Office shown on the records of the AGENTS AND CORPORATIONS, INC.  Registered Office Address (MUST BE FLORIDA STREET AL			::
	300 5TH AVE S STE 101-330	J D ILLO	<u>21</u>	
	NAPLES 3	34012		•
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> Christopher Troesch	Office ac	idress:	15 OCT 26 SECRETARY TALLAHASSE
	NEW Registered Office Address: 20505 E Country Club Dr, # 1932			AMIO: 33 COF STATE E. FLORIDA
	Aventura , FL_	33180	)	æ EDA
he cha igent v vas/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he reg pility c the lir imited	istered office ompany, it is nited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Signa	ture of a member or authorized representative of a member	-	<del></del>	Printed or typed name of signee
provisi he obl o merc	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to ac perform for in pereby c	et in this cape nance of my o Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accep i, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent

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