Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001261113)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 Phone : (718)878-5811 : (718)732-4580 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:					

LLC REGISTERED AGENT CHANGE **SUNFLOWER 18 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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	COVERL	ETTER"	** *	•	•
TO: Registration Section Division of Corporations	·	•		<u>.</u>	
SUBJECT: <u>SUNFLOWER 18 LL</u> Na	C ame of Lunited Li	ability Com	pany		
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	ffice Change and	fec(s) are su	bmitted for f	iling.	
Please return all correspondence concerning t	this matter to the f	following:			
Mark Fuchs					
Name of Person					
File Right RA Services, LLC					
Firm/Company					
1425 37th Street, Suite 201					
Address		_			
Brooklyn, NY 11218					
City/State and Zip Code					
agent@fileacorp.com					
E-mail address: (to be used for future ar	anual report notifi	cation)			
For further information concerning this matte	er, please call:				
Sara Ringel	718 at (878-58)	11		
Name of Person		Area Coo	le & Daytime	Telep	hone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

H240001261113

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	me of the limited liability company: SUNFLOW	ER 18	LLC			
2,	(a)	5650 STIRLING RD, STE 4 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) HOLLYWOOD, FL 33021	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
			- -				
3.		7/15/2015		L15000121729			
		Date of filing/registration in Florida	4.	Document number			
5.	(a)	Business Filing Incorporated					
	` '	Registered Agent and Registered Office shown on the records of the	he Florida De	cpt. of State:			
		1200 South Pine Island Rd, Plantation, FL 33326					
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)				
				-			
				2024 APR			
				<u>.</u>			
	(b)						
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres	1			
				PH			
		625 E Twiggs Street, Stc. 110	··· <u>-</u>	 			
		NEW Registered Office Address:		<u></u>			
		Tampa, FL 33602					
chage age	ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered c bility comp of the limited	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in			
/s/ Mark Fuchs			Mark F	Mark Fuchs, Authorized Person			
_ ;	Signa	ure of a member or authorized representative of a member		Printed or typed name of signee			
pro the to	ovisi 2 obl mere tified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ty reflect a change in the registered office address, I had in writing of this change.	ee to act in performanc I for in Cha iereby confi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been			
	/s/ 1	Mark Fuchs					
Si	gnatu	re of Registered Agent					