## LI6000088393

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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	Sunkeeper Environmental So	lutions	
3000		Name of Limited L	iability Company
Dear S	ir or Madam;		
The en	closed Registered Agent/Register	ed Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concern	ning this matter to the	following:
Jean P.	Sarmiento		
	Name of Person	<u> </u>	
Sunkee	per Environmental Solutions		
	Firm/Company		<del>_</del>
1801 N	E 123rd St, Suite 314		
	Address		<del></del>
North N	Aiami, FL 33181		
	City/State and Zip (	Code	<del></del>
jeansan	niento@hotmail.com		
<u>E</u>	-mail address: (to be used for fut	ire annual report notif	ication)
For fur	ther information concerning this	matter, please call:	
Jean Sa	miento	786 at (	447-3518
	Name of Person	***	Area Code & Daytime Telephone 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 foll	owing amount:	
	■ \$25 Filing Fee	<b>□</b> \$3	55 Filing Fee & Certified Copy
INHSI8	3 (2/14)		



December 22, 2022

JEAN P SARIMENTO 1801 NE 123RD STREET SUITE 314 NORTH MIAMI, FL 33181

SUBJECT: SUNKEEPER ENVIRONMENTAL SOLUTIONS LLC

Ref. Number: L16000088393

We have received your document for SUNKEEPER ENVIRONMENTAL SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Must be signed by a Member or Authorized Representive of a Member.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 622A00028683

Neysa Culligan Regulatory Specialist III

JAN 13 PM 1: DE

## 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.

2. (a)			(b)					
- ( <del>-</del>	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	1801 NE 123rd St, Suite 314		1801 NE	. 123rd St, Suite 3	14			
	North Miami, FL 33181		North Mi	iami, FL 33181				
	5/04/2016		L1600008	8393				
3.	Date of filing/registration in Florida	4.		Document nu	mber			
5. (a)								
,	Registered Agent and Registered Office shown on the re	cords of the Flori	da Dept. of St	ate:				
	Jean P. Sarmiento							
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRE:	<u>\$\$\$)</u>		_	~>		
	721 NW 129th ave					023		
	Miami	, FL		<b>-</b>	Ξ	2023 JAN 17	- T	
		, rL		_	エ	_	-11	
(b)					(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	PM	: 1	
(0)	Enter name of NEW Registered Agent and/or NEW Re	egistered Office 1	ıddress:	_	1177 177			
	Jean P. Sarmiento				· ·	ի կ։ կ6		
	NEW Registered Office Address:			_				
	12325 NE 11ct			_				
	North Miami	FI. 33161						
		, 1 .C						
	imited liability company is not organized under or changes are made, the Florida street address							
agent v	vill be identical. Or, in the case of a Florida lin	nited liability o	company, it	is hereby confir	rmed that tl	he chan	ge(s)	
	ere authorized by an affirmative vote of the mer cles of organization or the operating agreement	t of the limited	l liability co	mnany .		•	ded in	
/	Deenhold		Jack	Sar Mid	o n+ n			
Signa	dry of a member of ammorized representative of a member		TECTO	Printed or typed	name of sign	INCC		
/	by accept the appointment as registered agent of ons of all statules relative to the proper and co igations of my position as registered agent as p ely reflect a change in the registered office add	and agree to a	ct in this ca	pacity. I further	r agree to c	comply	with the	