## L16 000162748

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## **COVER LETTER**

Division of Corporations	
SUBJECT: Sunshine Nano L	LC
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
JULIE SCHULZ  Name of Person	
SUMMIT GROUP MANAGEMENT, LLC Firm/Company	
3427 BANNERMAN ROAD, SUITE	D208
Address	
TALLAHASSEE FL 32312  City/State and Zip Code	
julie.schulz@summitgroup.bi: E-mail address: (to be used for future annual rep	z ort notification)
For further information concerning this matter, please	call:
JULIE SCHULZ at (  Name of Person	850_)219-8207 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amou	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
S25 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.

1. N	ame of the limited liability company: Sunshiv	ie Nano, LLC	
	2427_BANNERMAN_ROAD  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 3425 BANNERMAN ROAD  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	_
	SUITE_D208	SUITE_105-428	_
	TALLAHASSEE FL 32312	TALLAHASSEE FL 32312	
	8/30/2016	L16000162748	_
3.	Date of filing/registration in Florida	4. Document number	
5. (a	SUMMIT GROUP INTERNATIONAL MANA Registered Agent and Registered Office shown on the records of t		
		ADDRESS) ASEC 7	
	SUITE 155		,
	_TALLAHASSEE, FL	<u>∭</u> ~{	•
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 3427 BANNERMAN ROAD, SUITE D208  NEW Registered Office Address:		•
	TALLAHASSEE , FL		
the cl agent was/v	nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li-		ed
Sign	nature of a member or authorized representative of a member	CLAUDE R. WALKER  Printed or typed name of signee	_
I her provi the o to me notifi		ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and acceed for in Chapter 605, F.S. Or, if this document is being file hereby confirm that the limited liability company has been	ie ept ed