

LI6000177021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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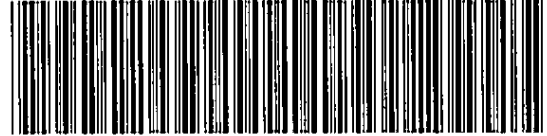
(Business Entity Name)

(Document Number)

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D BRUCE
OCT 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunny Sweets, LLC

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:

Diana Lehocz

Name of Person

Sunny Sweets, LLC

Firm/Company

2072 Cordaville Pl

Address

Apopka, FL 32703

City/State and Zip Code

sunnysweetsfl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Lehocz

Name of Person

at (407) 421-4220

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

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2018 OCT -1 AM 11:37
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: Sunny Sweets, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

2072 Cordaville PI

2072 Cordaville PI

Apopka, FL 32703

Apopka, FL 32703

September 22, 2016

L16000177021

3. _____
Date of filing/registration in Florida

4. _____
Document number

5. (a) Diana Lehocz

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2072 Cordaville PI

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Apopka, FL 32703

(b) Jose A. Olivera Ortiz

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

_____, FL _____

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2016 OCT - 1 AM 11:37
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Diana Lehocz

Signature of a member or authorized representative of a member

Diana Lehocz

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent