## 117000012745

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT.	Sunscape Investments LLC
5020	be 1.	Name of Limited Liability Company
Dear S	Sir or Madam:	
Dourt	or madelle,	
The er	nclosed Registered Agent/Reg	stered Office Change and fee(s) are submitted for filing.
Please	return all correspondence cor	cerning this matter to the following:
	Toni Shel	ton
	Name of Pe	son
	Firm/Comp	uny
	•	
	412 Home G	ove Dr.
	Address	
•	Winter Garden	, FL 34787
	City/State and Z	ip Code
	Toni@goq2q.d	eom
I	E-mail address: (to be used for	future annual report notification)
For fu	rther information concerning	nis matter, please call:
	Toni Shelton	at (407) 4435089
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADD	RESS: MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circ Tallahassee, Florida 32301	e Tallahassee, Florida 32314
	Enclosed is a check for the	following amount:
	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

## 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: Sunscape Investments LLC				
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	(a)	01/17/2017  Date of filing/registration in Florida  LegalInc Corporate Service	- 4.	_	L17000012745  Document number
5. (a) Legaline Corporate Services Inc.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  5237 Summerlin Commons, Suite 400  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	(b)	Fort Meyers , FL  Toni Shelton  Enter name of NEW Registered Agent and/or NEW Registered  412 Home Grove Dr  NEW Registered Office Address:			FEB -6 AM 74 05 CRETARY OF STATE ANASSEE FLORIDA
If tl	ne li	Winter Garden , FL		34787 the State of I	——————————————————————————————————————
the age was	cha nt v s/we	nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the rability of the	egistered offi y company, it limited liabil	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
	<del>,</del>	for Stud	_		Toni Shelton
I h pro the to n not	erei visi obl nere ified	ture of a Member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.  The of Registered Agent	ee to perfo d for hereb	act in this ca ormance of m in Chapter 6 by confirm tha	Printed or typed name of signee spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been