117000055914

(Re	equestor's Name)								
(
(Address)									
	,								
(Address)									
(Cit	ty/State/Zip/Phone	e #)							
PICK-UP	☐ WAIT	MAIL							
(Bu	siness Entity Nan	ne)							
(Document Number)									
Certified Copies	_ Certificates	of Status							
Special Instructions to Filing Officer:									
									

Office Use Only



500417136405

10/10/23--01017--018 **25.00

7023 OCT 10 AH 7: 48

		COVER LETTER				
TO:	Registration Section Division of Corporations					
SUBJ	Suncoast Power LLC ECT:					
		ame of Limited L	iability Company			
Dear 9	Sir or Madam:					
The er	nclosed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the	following:			
Eric E	ife					
	Name of Person					
Resolu	ition Wireless LLC					
	Firm/Company		<u> </u>			
2720 1	i. Oakland Park Blvd, Ste 105					
_	Address		<u> </u>			
Fort La	auderdale, FL 33306					
<u>-</u>	City/State and Zip Code	<u> </u>	_			
eric@s	suncoastpower.com					
Ī	-mail address: (to be used for future a	nnual report notif	ication)			
For fu	rther information concerning this matte	er, please call:				
Eric Ei	fe	703 at (926-3001			
	Name of Person	at (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 followin					
	■ \$25 Filing Fee	□ \$5	\$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. Na	ame of the limited liability company: Suncoast Power I	LLC	_			
2. (a)			(b)			
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		_	of limited liability company: BE POST OFFICE BOX)
	6375 Harney Rd. Suite 102			6375 Ham	ney Rd, Suite 10	02
	Tampa, FL 33610	_		Tampa, F	L 33610	
	03/10/2017		I.	.17000055	5914	
3.	Date of filing/registration in Florida	4.			Document nu	umber
5. (a)	Eric Eife					
, (u)	Registered Agent and Registered Office shown on the records of	the Flor	ida I	Dept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	20	
	4786 NE 11th Ave					23 0
	Oakland Park, FL	33334			-	F1L 2023 OCT 10
(b)	Eric Eife					
(~)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	addı	ess:	_	7: 49
					_	6
	NEW Registered Office Address:					
	2720 E. Oakland Park Blvd, Ste 105	_			_	
	Fort Lauderdale, FL	33306			_	
hange gent w /as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization on the operating agreement of the	registe ibility of if the li limited	ered com mit	office an pany, it is ed liabilit bility con	d the business s hereby confi v company or	office of the registered rmed that the change(s)
Signat	ure of a member or authorized representative of a member				Printed or types	d name of signee
rovisie he obli) mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I'm writing of this change	perfori I for in	nan Ch	ce of my a anter 605	duties, and La 5 F.S. Or if ii	m familiar with and accept his document is being filed
	re of Registered Agent					