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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations						
SUBJE	Sunny Side in Florida IX, LLC						
Name of Limited Liability Company							
Dear Si	ir or Madam:						
The end	closed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.					
Please	return all correspondence concerning this matter	to the following:					
Patrik	: Gransater						
	Name of Person						
Sunny	y Side in Florida IX, LLC						
	Firm/Company						
1907	NE 2nd Street						
	Address						
Deerf	ïeld Beach, FL 33441						
	City/State and Zip Code						
sunny	/sideinfl3@gmail.com						
Е	-mail address: (to be used for future annual repor	t notification)					
For fur	ther information concerning this matter, please ca	di:					
Patrik	Gransater Parallesanat (75	212-2906					
	Name of Person	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					

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.

(a)		(b)	 			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)				
	1907 NE 2nd Street		1907 NE	2nd Street			
	Deerfield Beach, FL 33441		Deerfield	d Beach, FL 334	41		
	March 16, 2017		L1700006	80509			
	Date of filing/registration in Florida	4.		Document number			
(a)	Jeff Tomberg						
	Registered Agent and Registered Office shown on the record	of the Florid	da Dept. of State	e:			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>SS)</u>	-			
	Registered Office Address (MUST BE FLORIDA STRE 525 SE 6th Avenue, Suite B	ET ADDRES	<u> </u>	. -	F. Co	20	
	525 SE 6th Avenue, Suite B			-	異のこれ	2019 JI	m-g-q
(b)	525 SE 6th Avenue, Suite B			- - -	要のできた。	2019 JUN 26	# www
(b)	525 SE 6th Avenue, Suite B Delray Beach	FL_33483	3	- - -	要の問題という。	2019 JUN 26 AM	2 - 20 - 12 - 12 - 12 - 12 - 12 - 12 - 1
(b)	525 SE 6th Avenue, Suite B Delray Beach Patrik Gransater	FL_33483	3	- - -	第四十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十	7	6 mary 1
(b)	525 SE 6th Avenue, Suite B Delray Beach Patrik Gransater Enter name of NEW Registered Agent and/or NEW Registered	FL_33483	3	- -	SECTION OF THE SECTION		
(b)	525 SE 6th Avenue, Suite B Delray Beach Patrik Gransater Enter name of NEW Registered Agent and/or NEW Registered Sunny Side in Florida IX, LLC	FL_33483	3	- - -	SECは、16、17、12を12、12、12、12、12、12、12、12、12、12、12、12、12、1	7	

the articles of organization or the operating agreement of the limited liability company.

Patrik Gransater

Signature of a member or authorized representative of a member

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 charge in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent