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COVER LETTER

TO: Registration Section Division of Corporations				
SUNSTATE ARCHITECTU	IRAL SALES,	LLC		
Nai Nai	me of Limited L	iability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning the	his matter to the	following:		
LINDA J TURNER				
Name of Person		_		
Firm/Company				
1757 Sanctuary Pointe Ct.				
Address		_	· ·-1	
Naples, FL 34110			BIN SEP 13 SECRETARI ALLAHASS	
City/State and Zip Code		<u> </u>	# 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	
linda@sunstatearchsales.com			(<u>₹3</u> =4.	
E-mail address: (to be used for future an	nual report notif	fication)	CF 577	
For further information concerning this matter	r, please call:			
Cammy J Jensen	801	365-0945		
Name of Person		Area Code & Daytime Telepho	ne 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 followin	g amount:			
\$25 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.

I. Na	me of the limited liability company: SUNSTATE	ARCHITECT	URAL SALES, LLC	
	Linda J Turner	(b) Linda J Turner		
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: Onote: MAY BE POST OFFICE BOX)	
	1757 Sanctuary Pointe Ct.	175	7 Sanctuary Pointe Ct.	
	Naples, FL 34110	Nap	les, FL 34110	
	04/28/2017	L170	00094429	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
• • •	Registered Agent and Registered Office shown on the records of	the Florida Dept. c	of State:	
	Linda J Turner			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	SEP TI	
	406 WILLET AVE. UNIT 1			
	NAPLES .FI	34108		
46)				
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	TURNER, LINDA J		N N N N N N N N N N N N N N N N N N N	
	NEW Registered Office Address:			
	1757 Sanctuary Pointe Ct.			
		· · · · · · ·		
	NAPLES	34110		
the cha agent v was/we the arti	imited liability company is not organized under the lainge 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	ws of the State f the registered ability compan of the limited li limited liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. TURNER	
-	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide elv reflect a change in the registered office address. It in writing of this change.	ree to act in this performance of for in Chapte hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00