9/10/2019



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| To:  |                |     |        |
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| Division of Corporations   |                |     |        |
| Fax Number : (850)617-6383   |                |     |        |
| From:  |                |     |        |
| Account Name : REGISTERED AGENTS INC.                                    | <u>&gt;</u> 10 | 9   |        |
| Account Number : 120090000081  | -              |     |        |
| Phone : (307)200-2803  |                | SS  |        |
| Fax Number : (855)330-1010   | >-             | , O | - 1    |
|  | :              |     |        |
|  | 112            | 0   | ·<br>— |
| **Enter the email address for this business entity to be used for future | • • •          |     | - 1    |
| annual report mailings. Enter only one email address please.**           | •••            | ≕≚  | $\cup$ |
|  | . : -          | ယှ  |        |
| Email Address:   | (F) [***       | 7.  |        |
|  | . 3>           | 2   |        |

## LLC REGISTERED AGENT CHANGE SUNSHINE & MOONBEAM, LLC

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Electronic Filing Menu Corporate Filing Menu

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Help

## 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                             | me of the limited liability company: Sunshine   | & M                              | oonbe  | am, LLC  |
|--|--------------------------------|---|----------------------------------|--|--|
| 2.   |                                | 9336 BUCK HAVEN TRL.  | (b) 9336 BUCK HAVEN TRL.         |  |  |
| <b>~</b> . '   | .u,                            | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   | _ (0                             |  | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|  |                                | TALLAHASSEE, FL 32312   | <del>-</del><br>-                | TALLAH.  | ASSEE, FL 32312  |
|  |                                | 08/07/2017  |                                  | L170001  | .67273   |
| 3.   |                                | Date of filing/registration in Florida  | 4.                               |  | Document number  |
| 5.   | (9)                            | UNITED STATES CORPORATION AGENTS  | , INC.                           |  |  |
| .'.  | (a)                            | Registered Agent and Registered Office shown on the records of th   | e Florida                        | Dept. of State                                   | :  |
|  |                                | 5575 S. SEMORAN BLVD  |                                  |  | <b>5 5</b>   |
|  |                                | Registered Office Address (MUST BE FLORIDA STREET AI  | DDRESS                           | <u> </u>   |  |
|  |                                | SUITE 36  |                                  |  | SEP SEP  |
|  |                                | ORLANDO EL 3  | 32822                            | )  | FILED<br>SEP 10 PH   |
| (b) Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered ( |                                |   | )ffice add                       | lress:   | PH 3: 12   |
|  |                                | NEW Registered Office Address:  |                                  |  |  |
|  |                                | STE 300   |                                  |  |  |
|  |                                | St. Petersburg, <sub>FL</sub> 3   | 33702                            |  |  |
| the<br>age<br>was  | cha<br>ent v<br>s/wa           | imited liability company is not organized under the law-<br>inge or changes are made, the Florida street address of t<br>will be identical. Or, in the case of a Florida limited liab<br>ere authorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the li                    | he regis<br>bility co<br>the lim | stered office<br>impany, it is<br>ited liability | and the business office of the registered<br>hereby confirmed that the change(s)<br>y company or as otherwise provided in  |
|  | -                              | Rilux Park.   | Rile                             | y Park   |  |
|  |                                | ture of a member or authorized representative of a member   |                                  |  | Printed or typed name of signee  |
| pro<br>the<br>to i   | ovisi<br>obli<br>neri<br>ifjet | by accept the appointment as registered agent and agre-<br>ions of all statutes relative to the proper and complete p<br>ligations of my position as registered agent as provided<br>ely reflect a change in the registered office address, I had<br>dimpriting of this change.  Bill Havre - Assistant<br>ac of Registered Agent | erjorme<br>for in C<br>ereby co  | ance of my d<br>Thapter 605<br>Infirm that       | ucity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been |