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DIVISION OF CONFERNATIONS

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COVER LETTER

TO: Registration Section Division of Corporations SUNSHINE REALTY CAPITAL, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: RAYMOND SCHUMANN Name of Person RICE LAW FIRM Firm/Company 222 SEABREAZE BLVD Address DAYTONA BEACH FL 32118 City/State and Zip Code rayschumann@ricelawflorida.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Raymond Schumann Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee S55 Filing Fee & S30 Filing Fee & S60 Filing Fee.

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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

<u>FIRST</u>	<u>Γ</u> : The name	of the limited liability company is: Suns	hine Realty Capital, L	LC
SECO THIR	— D <u>ND:</u> T	he Florida Document number of the limited locument to be corrected is: Articles	iability company is: 17000173	
	<u>(CH</u>	ECK THE APPROPRIATE BOX AND C	<u>OMPLETE THE APPLICABLE STA</u>	TEMENT
λ	datament	in incorrect statement. The incorrect stateme are as follows:		
	The wo	ds "Realty" and "Capital" were in a	dvertantly transposed at the time	
	of filing	. The intended and correct na	me is "Sunshine Capital Re	ealty, LLC"
	OR Was defeas follows	rds "Realty" and "Capital" were in action of the intended and correct natively signed. The manner in which the documents	iment was defectively signed and the ap	propriate confection In The Total Control of the Co
	<u>OR</u>	onic transmission of the record was defective		
		and lace	8.23	17
New R I hereh provisi obligat reflect	ing the design that the design that the design the design the design the design that the design that the design the design that t	Signature of Authorized Representative egistered agent, if applicable: (NOTE: if cormation). gent's Signature, if changing Registered Age appointment as registered agent and agree autes relative to the proper and complete perosition as registered agent as provided for it the registered office address, I hereby confit	nt: to act in this capacity. I further agree to rformance of my duties, and I am familie t Chapter 605, F.S. Or, if this document	comply with the ir with and accept the is being filed to merely
		Registered A	agent's Signature	
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	