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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	SUNSHINE J AUTO SALES LLC		
20091	Name o	of Limited I	Liability Company
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered Office	Change and	d fee(s) are submitted for filing.
Please	return all correspondence concerning this n	natter to the	following:
JESSE	NIA THOMPSON		
	Name of Person		
SUNS	HINE J AUTO SALES LLC	_	
	Firm/Company		
3806 C	ORIENT RD		
	Address		
TAMI	PA FL 33619		
	City/State and Zip Code		
	лРJO2002@YAHOO.COM ——		
	E-mail address: (to be used for future annua	l report not	ification)
For fu	urther information concerning this matter, pl	ease call:	
JESSF	ENIA THOMPSON	813 at (	3751619
	Name of Person	(	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 following a	mount:	
	■ \$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.

	me of the limited liability company:	(b) P O	(b) P O BOX 262032 TAMPA FL 33685		
(a) _	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	npany:	Mailing address of limited liabil (Note: MAY BE POST OFF		
	Date of filing/registration in Florida	1 4.	Document number		
<i>,</i> ,	JESSENIA THOMPSON				
(a)	Registered Agent and Registered Office shown on the	of State:			
(b)	Registered Office Address (MUST BE FLORIDA 12802 CEDAR FOREST DR 306		_		
	ТАМРА	, FL		<b>19 08</b>	
	JESSENIA THOMPSON		1-0-t		
	Enter name of NEW Registered Agent and/or NEW		AM 8:		
	NEW Registered Office Address:		<del></del>	ATE ATION	
	3806 ORIENT RD			ζ'n	
	ТАМРА	, FL_33619			
nge nt v s/w/ arti	imited liability company is not organized un- e or changes are made, the Florida street addr will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the r icles of organization or the operating agreem	der the laws of the State ress of the registered of limited liability compa- nembers of the limited tent of the limited liabil	ny, it is hereby confirmed that il liability company or as otherwisity company.	he change(s)	
	ature of a member or authorized representative of a men	IESSENI	A THOMPSON		

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

Signature of Registered Agent