

L17000 241588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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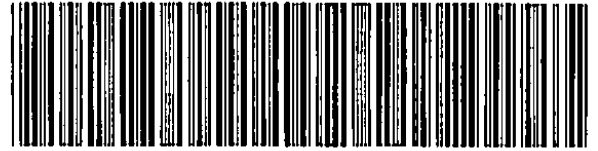
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUNKISSED SOLUTIONS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIELA GALLO

Name of Person

SUNKISSED SOLUTIONS LLC

Firm/Company

8676 BRIDLE PATH CT

Address

DAVIE, FL 33328

City/State and Zip Code

dgallo1013@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniela Gallo

at ( 954 ) 224-4456

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2001 Executive Center Drive  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32307

Enclosed is a check for the following amount:

— \$25 Filing Fee

— \$50 Filing Fee & Certified Copy

FILED  
2019 FEB 11 A 9 59  
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
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. Name of the limited liability company: SUNKISSED SOLUTIONS LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

8676 BRIDLE PATH CT

8676 BRIDLE PATH CT

DAVIE, FL 33328

DAVIE, FL 33328

NOVEMBER 22, 2017

L17000241588

3. \_\_\_\_\_ Date of filing/registration in Florida 4. \_\_\_\_\_ Document number

5. (a) LEGALINC CORPORATE SERVICES INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS, FL 33907

(b) DANIELA GALLO

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

8676 BRIDLE PATH CT

DAVIE, FL 33328

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Daniela Gallo

DANIELA GALLO

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

Daniela Gallo

Signature of Registered Agent