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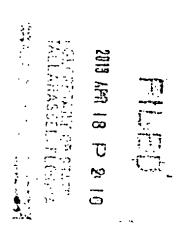
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## COVER LETTER

Division of Corporations	. ·
SUBJECT: Sunset Paradise Investments	s 1, LLC
Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Lisa Shults	
Name of Person	
Sunset Paradise Investments 1, LLC	
Firm/Company	<del></del>
2248 Meridian Blvd Ste H	
Address	
Minden, NV 89423	
City/State and Zip Code	
LSHULTS@CORPORATEDIRECT.	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Lisa Shults at (7	775 , 284-7167
Name of Person	Area Code & Daytime Telephone 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 following amoun	it:
<b>☑</b> \$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.

1. 8	Name of the limited liability company	<sub>y:</sub> Sunset Pa	iradise Inv	restments 1, LLC
2. (a	)		(b)	
· · ·	Principal office address of limited ( <i>Note: MUST BE STREE</i> )			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3	Date of filing/registration	in Physida		Document number
3.		111 1 104   (14	٠٠.	1700 timent manney
5. (a				
	Registered Agent and Registered Office sl	nown on the records of	the Florida Dept.	of State:
		FLORIDA STREET	ADDRESS	
	Registered Office Address - MOST DE	TEORIDA STREET	<u>ADDRESS</u>	<b>3</b>
	Hollywood	, FI	33024	
(b	Registered Agents Inc	·.		
,	Enter name of <u>NEW Registered Agent</u> ar	nd/or <u>NEW Registered</u>	l Office address:	
	7901 4th St N			
	NEW Registered Office Address:			<del>一</del>
	STE 300			<u></u>
	St. Petersburg	, FI	33702	
the cl agent was/v	nange or changes are made, the Florid will be identical. Or, in the case of	da street address of a Florida limited li te of the members o	f the registered lability compan of the limited li	of Florida, it is hereby confirmed that after office and the business office of the registered by, it is hereby confirmed that the change(s) lability company or as otherwise provided in by company.
	Ina C. Links		Luisa C. (	Garcia, Member
Sign	nature of a member or authorized representati	ve of a member		Printed or typed name of signee
provi. the ol to me notifj	sions of all statutes relative to the pr bligations of my position as registere rely reflect a change in the registere ed in writing of this change,	oper and complete ad agent as provide ad office address, I	r performance o ed for in Chapte hereby confirm	is 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 a that the limited liability company has been
<u> </u>	Bill Havre	- Assistar	nt Secretary	