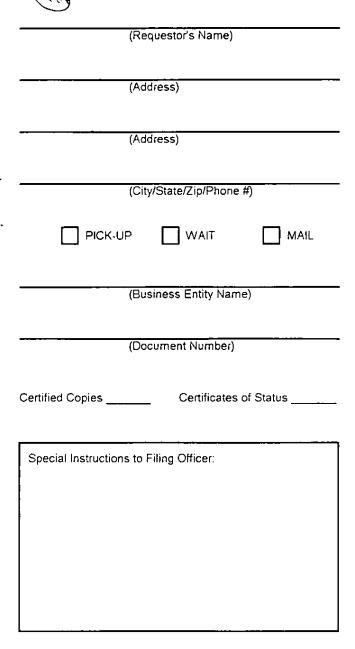
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SECRET TY OF STATE

COVER LETTER

	istration Section ision of Corporations					
SUBJECT:	SUNSET PARADISE INVESTME	NTS 1 LLC				
SUBJECT.	Name of Limited Liability Company					
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered Off	fice Change a	nd fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to th	ne following:			
Andrew Piero	ce					
	Name of Person					
Cindy's Flori	da LLC					
	Firm/Company					
8051 N. Tam	iami Trail STE E6					
	Address					
Sarasota, Flo	rida, 34243					
	City/State and Zip Code					
	yomingllcattorney.com					
E-mail	address: (to be used for future and	nual report no	tification)			
For further i	nformation concerning this matter	, please call:				
Andrew Piere	ce	307 at (683-0983			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: cistration Section ision of Corporations Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the following	g amount:				
■ \$	25 Filing Fee	۵	\$55 Filing Fee & Certified Copy			
INHS18 (2/14	4)					

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	ame of the limited liability company: 8051 N. Tamiami Trail STE E6	ISE IN	V E		Tamiami Trail STE E6
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Sarasota, Florida, 34243		(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Florida, 34243
3.	06/29/2018 Date of filing/registration in Florida	 - 4.	L -	.18000159	9842 Document number
J.	Garcia, Luisa Clemencia	4.			Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 11900 McGregor Boulevard Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2024 JAN	
	Fort Myers	33919			24 L
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office Cindy's Florida LLC			ress:	PH 4: 36 ASSECTATE ASSECTA
	NEW Registered Office Address: 8051 N. Tamiami Trail STE E6				
		34243			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or-the operating agreement of the l	register bility c f the lir	red om nit	office an pany, it i ed liabilit	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
:		An	dre	w Pierce	
I herel provisi he obli to mere notified	ture of a member of authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided the proper and complete pigations of my position as registered agent as provided the reflect a change in the registered office address, I have a considered to this change in the registered office address, I have a considered to the registered of this change.	ee to ac perforn for in ereby c	et in nan Ch con	n this cap ce of my apter 605 firm that	Printed or typed name of signee pacity. I further agree to comply with the pacities, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been