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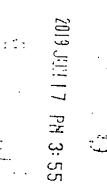
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JUN 27 2019

## COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations			
SUBJECT: Sunshine	Thrift Supply LLC Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.		
Please return all correspondence concer-	ning this matter to the following:		
Michael Sa Name of Person	ration		
Sunshine The Firm/Company	rift Supply LLC		
8765 Bard moi	or Blud. #301		
Seminole/F City/State and Zip	L and 33777 Code		
Saratian Umai E-mail address: (to be used for fut	L. NSF, edu ure annual report notification)		
For further information concerning this	matter, please call:		
Michael Sarafiar	- · · · · · · · · · · · · · · · · · · ·		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRE			
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

## 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 compsubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1. Na	ame of the limited liability company: SUNShine Thrift Supply LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	Seminole, FL 33777 Seminole, FL 33777
3.	Date of filing/registration in Florida  4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  Suite 300  E := :
(b)	St. Petersburg FL 33702 : 55 Michael Sarafian
	Enter name of NEW Registered Agent and/or NEW Registered Office address:  8765 Bardmoor Blvd: Apt 301  NEW Registered Office Address:
	Seminole FL 33777
the cha agent v was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that aftering or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided includes of organization or the operating agreement of the limited liability company.
	Milmel Sarahian Michael Sarafian
	ture of a member or authorized representative of a member  Printed or typed name of signce  by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with  one of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acc the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fit 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