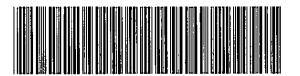
L18000221390

(Requestor's Name)					
(Address)					
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(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
3/22/21					
Special Instructions to Filing Officer:					

Office Use Only



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April 12, 2021

CARMEN TATE 5326 W LA MIRADA DR. LAVEEN, AZ 85339

SUBJECT: SUN CAMPER RV AND BOAT STORAGE L.L.C.

Ref. Number: L18000221390

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call $\stackrel{?}{=}$ (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 821A00007503



March 1, 2021

CARMEN TATE/SUN CAMPER RV AND BOAT STORAGE 5326 W. LA MIRADA DR. LAVEEN, AZ 85339

SUBJECT: SUN CAMPER RV AND BOAT STORAGE L.L.C.

Ref. Number: L18000221390

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 521A00004350

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Sun Camper Name of I	RV and Boat Storage LLC.					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
Carmen Tale Name of Person						
Sun Camper RV and Ber	et Stocky					
5326 W La Mirada Dr Address	^ 					
Laveen Az 85339 City/State and Zip Code						
Carmentate Chotmail con E-mail address: (to be used for future annual re	port notification)					
For further information concerning this matter, please	e call:					
Carmen Tak at Name of Person	(214) 226-6061 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 amount:						
D \$25 Filing Fee Previously Sent \$35 INHS18 (2/14)	☐ \$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 company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:Sua_Can	spec R	Yand B	eat Sterage LLC.
	235 W. Hwy 441 SE			J. La Mirada Dr
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0/_	Mailing	address of limited liability company: : MAY BE POST OFFICE BOX)
	OKeechabee FL 34974	_	Laree	AZ 85339
	09/18/2018		L180	0022/390
3.	Date of filing/registration in Florida	4.	Docui	ment number
5 (a	Cody D Danks			
2. (4	Registered Agent and Registered Office shown on the records of t	he Florida De	ept. of State:	
	3462 N HWY1			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	Fort Pierce , FL	319	460	
				- 1
(b)	Carmen Tate			
(-,	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>55</u> :	 ω
	3462 N HWY 1			
	5326 W. ta Arroda Dr	<u> </u>		/*: 10: n6
	NEW Registered Office Address:			96
	Fort Pierce	FL	34944	
	<u>Laveen</u> , R	- 253	39	
chang agent was/w the ar Sign I here provise the obto men	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of icles of organization or the operating agreement of the lature of a member or authorized representative of a member who accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete points of my position as registered agent as provided the reflect a change in the registered office address. I had in writing of this change.	registered complete the limited liab limited liab liab liab liab liab liab liab liab	office and the boany, it is hereboany, it is hereboany ility company. Cody Printe this capacity. e of my duties, pter 605, F.S.	pusiness office of the registered by confirmed that the change(s) pany or as otherwise provided in dor typed name of signee I further agree to comply with the and I am familiar with and accept Or, if this document is being filed

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent