

L18000240994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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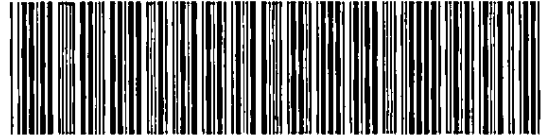
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 06 2018

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sun Flower Service LLC
Name of Corporation

DOCUMENT NUMBER: L18 000 240 994

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROL A MORAN
Name of Contact Person

Sun Flower Service LLC
Firm/Company

PO Box 110564
Address

Naples FL 34108
City/State and Zip Code

customer service @ SunFlowerService.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol A Moran at (818) 262 1746
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sun Flower Service LLC
2. The principal office address: 1774 Ivy Pointe Ct
Naples FL 34109
3. The mailing address (if different): PO Box 110564
Naples FL 34108
4. Date of incorporation/qualification: Oct 11-2018 Document number: L18000240994
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Northwest Registered Agents LLC
3030 N Rocky Pt Drive Suite 150A
Tampa FL 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carol A Moran
1774 Ivy Pointe Ct
Naples FL 34109

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Carol A Moran
Signature of an officer or director

Carol A Moran President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Carol A Moran
Signature of Registered Agent

10-23-18
Date

If signing on behalf of an entity:

Carol A Moran
Typed or Printed Name

*** FILING FEE: \$35.00 ***