Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number

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LLC REGISTERED AGENT CHANGE RIPPLES OF LEGACY LLC

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Help

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

(a) 8015 LAKE DRI	IVE	(_{b)} 8015 L	AKE DRIVE	_	
Principal office ad	dress of limited liability company: ST BE STREET ADDRESS)	· ·	· -	Mailing address of limit		-
APT 202	· · · · · · · · · · · · · · · · · · ·		APT 20			_
DORAL, FL 33	166		DORAL,	FL 33166		
12/31/2018			L190000	003321		
Date of filing	2/registration in Florida	4.		Document number	r	
(a) SUNSHINE COR	PORATE FILINGS LLC					
	istered Office shown on the records o	the Flori	da Dept of State	• :		
3030 N ROCK	Y POINT DR					
Registered Office Address	s <u>(MUST BE FLORIDA STREET</u>	ADDRES	38)	-		
APT 202						
				=	÷. 50	
TAMPA	. F	_L 3316	56			
Penistered A		<u> 3316</u>	<u>6</u>	-		
Registered A			. <u>.</u>	-	JAN 16	
Registered A	Agents Inc.		. <u>.</u>	-	JAN 16 A	
(b) Registered A	Agents Inc. stered Agent and/or NEW Registere N		. <u>.</u>	-	JAN 16 A	
(b) Registered A Enter name of NEW Regi 7901 4th St	Agents Inc. stered Agent and/or NEW Registere N		. <u>.</u>	- - -	JAN 16 AM 9:5	

the articles of organization or the operating agreement of the limited liability company.

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Rillia Pak	Riley Park
Signature of a member or authorized representative of a member	Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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.

SIL Bill Havre Assistant Secretary

Signature of Registered Agent