

L190000061413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

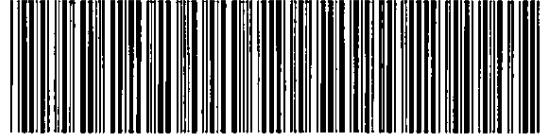
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100332671791

08/07/19

2019 AUG -7 A 9 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 14 2019
T. LEMKEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunflower NPR, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mandell Sundarsingh

Name of Person

Sundarsingh Law, PL

Firm/Company

4440 PGA Blvd., Suite 502

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

mandell@creativelaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mandell Sundarsingh

561

475-2298

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
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 company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Sunflower NPR, LLC

2. (a) 507 NW 9th Ave. (b) 507 NW 9th Ave.

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Crystal River, FL 34429

Crystal River, FL 34429

3/4/2019

L19000061413

3. Date of filing/registration in Florida

4. Document number

5. (a) Parth Patel

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1020 SE 3rd Ave.

Crystal River, FL 34428

(b) Mandell Sundarsingh, Esq.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

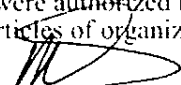
NEW Registered Office Address:

4440 PGA Blvd., Suite 502

Palm Beach Gardens, FL 33410

FILED
2019 AUG -7 A 9 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

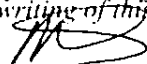
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Mandell Sundarsingh

Printed or typed name of signer

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.


Signature of Registered Agent