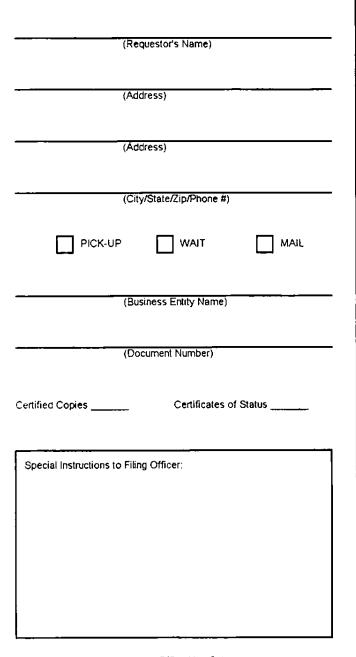
L19000 219601



Office Use Only





2024 APR 19 PH 4: 54

2024 APR 19 PH 3: 24

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT:EWK Sunshine Real E	Estate Holding	gs, LLC	
		Name of Lin	nited Lial	pility Company
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered	Office Chan	ige and fe	e(s) are submitted for filing.
Please	return all correspondence concerning	g this matter	to the fo	llowing:
	Caroline Lascek			_
	Name of Person			
	K&L Gates LLP			_
	Firm/Company			
	210 Sixth Avenue			_
	Address			
	Pittsburgh PA 15222 City/State and Zip Coo	de		-
E	-mail address: (to be used for future	annual repo	rt notifica	ition)
For fur	ther information concerning this made	tter, please c	all:	
		at ()
	Name of Person			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 follow	ing amount	t:	
	☐ \$25 Filing Fee		□ \$55	Filing Fec & Certified Copy
INHS18	3 (2/14)			

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.	Nai	me of the limited liability company:EWK Sunshin	e Real Esta	ate Holdings, LLC
2. (a	١,	1126 Castletown Ct,	(h)	1126 Castletown Ct,
۵. (د	•/ -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Sewickley, PA 15143		Sewickley, PA 15143
		09/06/2019		L19000219601
3.		Date of filing/registration in Florida	4.	Document number
5. (a)	DENTONS COHEN & GRIGSBY P.C., INC.		~ ->
,		Registered Agent and Registered Office shown on the records of t	he Florida De	Pept. of State:
		9110 STRADA PLACE STE 6200		Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
		<u></u>		
		NAPLES, , FL	3/1108	ਹ
		NATELS, , I L	34100	——– ភ
(t	.,			
ţı	" -	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	ess:
				<u> </u>
		Corporation Service Company		
		NEW Registered Office Address:		
		1201 Hays Street		
		· · · · · · · · · · · · · · · · · · ·		
		Tallahassee, FL	32301	
If the	e lir	mited liability company is not organized under the law	s of the Sta	tate of Florida, it is hereby confirmed that after the
cnan agen	ge (t w	or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia	registerea o bility come	office and the business office of the registered pany, it is hereby confirmed that the change(s)
was/	wei	re authorized by an affirmative vote of the members of	f the limited	ed liability company or as otherwise provided in
the a	rtic	eles of organization or the operating agreement of the l	imited liab	bility company.
		John C. Gover	Jc	ohn C. Glover, Manager
Sig	natu	are of a member of all thou the of a member		Printed or typed name of signee
provi the o to me	isio blig erei	y accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change.	ee to act in performanc for in Cha ereby confi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

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

Shauna Godbolt