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То	:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

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

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address pleases \$20

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## LLC REGISTERED AGENT CHANGE **SUN-COAT LLC**

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## 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: Sun-Coa	it LLC
1576 DELLA COUZ DD	(b) 1576 BELLA CRUZ DR
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
SUITE # 270	SUITE # 270
THE VILLAGES, FL 32159	THE VILLAGES, FL 32159
12/16/19	L19000306080
3. Date of filing/registration in Florida	4. Document number
5. (a) STANLEY, PHOEBE L	
Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
1576 BELLA CRUZ DR	70 P
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)
SUITE 270	SECRETARY OF STAT
THE VILLAGES	32159 SSE 3
(b) Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N	
NEW Registered Office Address:	
STE 300	
St. Petersburg	L_33702
green will be identical. Or in the case of a Florida limited l	of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
Signature of a member or authorized representative of a member	Printed or typed name of signee
the obligations of all statutes relative to the proper and complet the obligations of my position as registered agent as provid to merely reflect a change in the registered office address, in notified in writing of this change.  Bill Havre - Assista	gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been nt Secretary
Signature of Registered Agent	