Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000270665 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number ; (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

Email	Address:	

56 机运 10

LLC REGISTERED AGENT CHANGE SUNSHINE STAR CONCIERGE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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 Florida.

. Name of the limited liability company: Suns	shine Star	Conc	ierge LLC	C		_
Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	ipany:	:	•	iling address of limited liability company: Note: MAY BE POST OFFICE BOX)		
02/17/2020		L2000	0054593			
3. Date of filing/registration in Florida	4.		Document num	ıber		
_{5. (a)} Kelley, Lisa			_			
Registered Agent and Registered Office shown on the	records of the Florida	Dept. of Stat	et			
4532 w kennedy blvd			<u>-</u>			
Registered Office Address (MUST BE FLORIDA)	<u>STREET ADDRESS</u>	<u>0</u>				
suite 444						
TAMPA	_{.FL} 33609	3				
(0)	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered Office address: 7901 4th St N				2022 AUG 1 O	FΑ
NEW Registered Office Address:		****	_		A	38
STE 300				15. 15.	_	•
St. Petersburg	, FL 33702	2	-	RATE	a	
If the limited liability company is not organized und the change or changes are made, the Florida street as agent will be identical. Or, in the case of a Florida I was/were authorized by an affirmative vote of the mathematicles of organization or the operating agreeme	ddress of the regi limited liability co lembers of the lin	stered offic ompany, it i nited liabili	is hereby confiring ty company or a	ess office of med that the	ine regii change(stere (s)
Signature of a member or authorized representative of a mem	Mc	organ No				
			Printed or typed i			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and of the obligations of my position as registered agent as to merely reflect a change in the registered office as my field in writing of this change. Tom Glover - A	complete perform s provided for in (ldress, I hereby c	iance of my Chapter 60. confirm that	rauties, ana 1 an 15. F.S. Or. if thi	n jamutar w is document	zun ana c t is beine	accep 2 filea

Signature of Registered Agent