L200000 71976

(Requestor's Name)				
(Address)				
. (Address)				
· (City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

	Registration Section Division of Corporations	•
cuntec	Sunset Tropical Landscape of Florida LLC	
SUBJEC	Name of Limited	Liability Company
Dear Sir	or Madam:	
The encle	osed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.
	turn all correspondence concerning this matter to t	
Gerson H	lernandcz	
	Name of Person	
General (Corporate Services Inc.	
	Firm/Company	
829 W. P	Palmdale Blvd #68	
	Address	
Palmdale	e, CA 93551	
	City/State and Zip Code	
gerson@	generalcorporate.com	
E-1	mail address: (to be used for future annual report no	otification)
For furth	ner information concerning this matter, please call:	
Gerson F	Hernandez 661	310 2823
	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 following amount:	
	□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
INHS18	(2/14)	

FOLLOWED STUDY OF STATE

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. Na	ame of the limited liability company: Sunset Tropical La	andscape of Flo	orida LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
- 3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agents Inc. Registered Agent and Registered Office shown on the records of to 7901 4th St N STE 300, St. Petersburg, FL 33702 Registered Office Address (MUST BE FLORIDA STREET A 7901 4th St N STE 300)	he Florida Dept.	of State:
(b)	St. Petersburg, FL Ileana Granda Enter name of NEW Registered Agent and/or NEW Registered		27 PH 1:
	4879 Via Palm Lake #603, West Palm Beach, FL 33417 NEW Registered Office Address: 4879 Via Palm Lake #603		25 H 1: 25
	West Palm Beach , FL	33417	
Sign: Sign: I here provis the obto men notifie	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the nature of a member of authorized representative of a member of the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided the proper and complete ligations of my position as registered agent as provided and in writing of this change.	vs of the State registered off ibility compar if the limited l limited liabili Liosmer I	e of Florida, it is hereby confirmed that after the fice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company. Riveron - Manager Printed or typed name of signee
	Division of Corporations P.O. I	Box 6327• Ta EE: \$25.00	allahassee, FL 32314

INHS18 (2/14)