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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 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. **

SNOTEmail Address:

LLC REGISTERED AGENT CHANGE SONIA DILLON, LLC

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Help

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	SONIA DILLON, LLC					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the following:				
JEF	ROME SULLIVAN					
	Name of Person					
	Firm/Company	. 				
784	S CLEARWATER LOOP					
	Address					
POS	T FALLS, ID 83854					
	City/State and Zip Code					
filing	gs@registeredagentsinc.com					
	-mail address: (to be used for future ann	nal report notification)				
For fur	ther information concerning this matter,	please call:				
Jeron	ne Sultivan	509 768-2249 at ()				
	Name of Person	Area Code & Daytime Telephone Numb				
	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	S55 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. Na	ime of the limited liability company:SONIA DI	LLON, LL			
2. (a)	7901 4th St N STE 300	(b)	7901 4th S	SUN STE 300	
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing	address of limited lia : MAY BE POST O	
	St. Petersburg, FL 33702	•	St. Peters	sburg, FL 33702	
	04/10/2020		L20000100492	!	
3.	Date of filing/registration in Florida	4.	Docui	nent number	
5. (a)	Sunshine Corporate Filing				
	Registered Agent and Registered Office shown on the records of	Dept, of State:			
	7901 4th St N				
	Registered Office Address (MUST BE FLORIDA STREET A	<u>4DDRESS)</u>			
	Ste 300			_	
	St. Petersburg . FL	33702		Č	2023 1177
(b)	REGISTERED AGENTS INC				- 3 - 3
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess.		- :
	7901 4TH ST N				PH 2:
	NEW Registered Office Address:			- ,	2
	STE 300			ε	2
	ST. PETERSBURG . FL	33702			
:hange igent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the S registered ability com of the limit	office and the b pany, it is hereb ed liability comp	usiness office of y confirmed that	the registered the change(s)
	of a member of authorized representative of a member	Sonia Dillor		/IGR	
-				Lor typed name of si	-
10Ufiec	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have if in writing of this change.		othis capacity, in this capacity, in capacity, in capacity, capacity, in the firm of the firm that the firm in that the firm in the firm i	l further agree to and I am familia. Or, if this docum ted liability comp	comply with the r with and accept ent is being filed oany has been
	val Roberts David Roberts/Assistant Se	ecretary			

Signature of Registered Agent