

h20000291368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

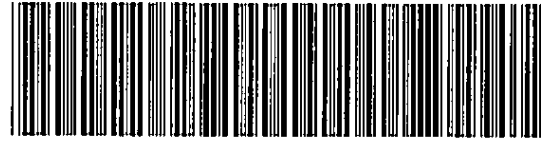
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500377656535

12/20/21--01020--014 **35.00

SECRETARY OF STATE
TALLAHASSEE, FL

2022 JAN 25 AM 6:42

FILED

COMMISSIONS
JAN 25 2022



RECEIVED

2022 JAN 25 PM 1:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

January 7, 2022

STAVROS TRIANT
400 SW 1ST AVE, #2210
FT LAUDERDALE, FL 33301

SUBJECT: SUNNY DAYS CONSULTING LLC
Ref. Number: L20000291368

We have received your document for SUNNY DAYS CONSULTING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 922A00000458

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNNY DAYS CONSULTING LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stavros Triant
Name of Person

Firm/Company

400 SW 6th Ave, #2210
Address

Fort Lauderdale, FL 33301
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stavros Triant at (623) 826-5206
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

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: SUNNY DAYS CONSULTING LLC
2. (a) 400 SW 1st Ave (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- # 2210
FORT LAUDERDALE, FL 33301
L20000291368
3. _____ 4. _____
 Date of filing/registration in Florida Document number

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
NORTHWEST REGISTERED AGENT LLC
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7901 4th St N #300
ST PETERSBURG, FL 33702

FILED
 2022 JAN 25 AM 6:42
 SECRETARY OF STATE
 TALLAHASSEE, FL

- (b) Stewas Triant
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
400 SW 1st Ave, #2210
NEW Registered Office Address:
FORT LAUDERDALE, FL 33301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member

 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Signature of Registered Agent