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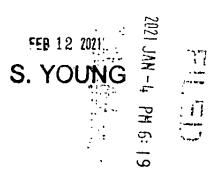
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## COVER LETTER

TO: Registration Section Division of Corporations	• ·
SUBJECT: Big SUN SOIAR LLC Name of Lin	nited Liability Company
Dear Sir or Madain:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
J. WARREN BULLARD Name of Person	<del></del> -
BullARD + Mulkey, P.A. Firm/Company	
310 SE 8th STreet Address	
Ocala FL 34471  City/State and Zip Code	
E-mail address? (to be used for future annual repo	The Corner to the control of the con
For further information concerning this matter, please of	call:
J. WAPREN BUILARD at (	352 ) 732-5900 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 amoun	t:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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. N	ame of the limited liability company:	SUN SOL	AR L	LC			
	2685 NW 10 <sup>th</sup> Sincet Ocala FL. 3 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	3 <u>44.7</u> 5 (1	b)	Mailing address of li	mited liabili POST OFFI	-	
				Bax 3773 c FL 34			
3.	September 17 2020 Date of filing/registration in Florida	4.	120	200292/70 Document numb			
5. (a)	Registered Agent and Registered Office shown on the record	ls of the Florid	a Dept. of Sta	 te:		2	
	Registered Office Address (MUST BE FLORIDA STRE			_	E Print	1021 JAN -4	
(b)	Weir SMYRNA BEACK  GRES, BOOTH by  Enter name of NEW Registered Agent and/or NEW Regist					PH 6: 1	
	2685 NW 1657 STREET  NEW Registered Office Address:	ered Ornce an	garess:	_		9	
	Ocala	, FL_344	175	_			
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limitedere authorized by an affirmative vote of the member of organization or the operating agreement of	the registered liability co ors of the lin	ed office an ompany, it i nited liabilit	d the business off s hereby confirme ty company or as	fice of the ed that the	register change	ed (s)
Signa	ture of a member or authorized tepresentative of a member	_6	<u> rnez S.</u>	Booth hy Printed or typed na	me of signer		
I here provisi the obi to mer notified	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address dip writing of this change.	aoree to act	in this can	acity Murther as	gree to coi	nolv wii	h the accept filed gen
7		O. D 622	7 - 25 J J - 1 - 1	ET 22214			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00