

L2000034,3365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

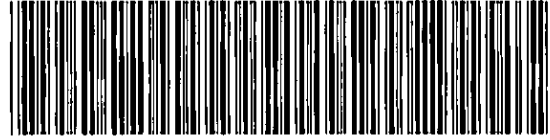
(Business Entity Name)

(Document Number)

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RECORDED  
2021 JAN 20 PM 2:03  
JURIDICAL

FILED  
2021 JAN 20 AM 8:33  
STATE OF FLORIDA  
TALLAHASSEE, FL

JAN 20 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 626942 8331540  
AUTHORIZATION : *Spurdle*  
COST LIMIT : \$ 257.00

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ORDER DATE : January 18, 2021  
ORDER TIME : 1:05 PM  
ORDER NO. : 626942-001  
CUSTOMER NO: 8331540  
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CHANGE OF AGENT

NAME: 139 SUNRISE AVENUE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

**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: 139 SUNRISE AVENUE, LLC

2. (a) 23 Enoch Dr (b) 23 Enoch Dr  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Woodbridge, CT 06525

Woodbridge, CT 06525

11/09/2020

L20000343365

3. Date of filing/registration in Florida 4. Document number

5. (a) Susan Antinozzi  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

23 Enoch Dr

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Woodbridge, FL 06525

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

**NEW** Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

2021 JUN 20 AM 8:33  
 DEPT OF STATE  
 TALLAHASSEE, FL  
 FILED

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]  
 Signature of a member or authorized representative of a member

Paul Antinozzi

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]  
 Signature of Registered Agent

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