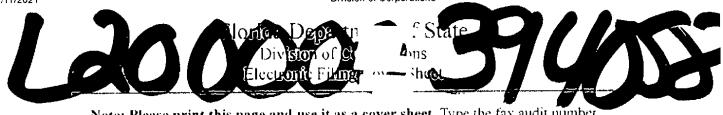
From: Kimberly Laughre

2021-02-11 16:29.10 CST

Division of Corporations 2/11/2021



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE SUN COATINGS, LLC

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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

| I. No | me of the limited liability company: SUN COATING | | | |
|---------------------------------------|---|--|---|--|
| 2. (a) | 4701 E. 7TH AVE., TAMPA, FL 33605 Principal office address of limited liability company: | (b) 4701 E | (b) 4701 E. 7TH AVE., TAMPA, FL 33605 Mailing address of limited liability company: | |
| | (<u>Note: MUST BE STREET ADDRESS</u>) | | (Note: MAY BE POST OFFICE BOX) | |
| | | | | |
| | 12/23/2020 | L200003 | 394058 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a) | POOLF, SEAN | | | |
| . (u) | Registered Agent and Registered Office shown on the records of 4161 F. 71H AVF. | f the Florida Dept. of | State: | |
| | Registered Office Address (MUST BE FLORIDA STREET | 'ADDRESS] | . | |
| | | | | |
| | TAMPA | 33605 | | |
| | FAMPA | ', | _ / | |
| (b) | C T Corporation System | | | |
| (- / | Enter name of NEW Registered Agent and/or NEW Registere | d Office address: | D2 | |
| | | | . 5 | |
| | NFW Registered Office Address: | | | |
| | 1200 South Pine Island Road | | | |
| | 1200 South The Island State | | | |
| | Plantation F | 33324 L | | |
| the cha agent was/w | imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | aws of the State of of the registered or liability company, of the limited lial | f Florida, it is hereby confirmed that after ffice and the business office of the registered it is hereby confirmed that the change(s) oility company or as otherwise provided in | |
| | 18/ | Sven Doerge | | |
| | iture of a member or (Athorized representative of a member | | Printed or typed name of signee | |
| provis the ob to mer notifie | hy accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, t d in writing of this change. | e perjormance of led for in Chapter I hereby confirm t | my duries, and r am jumitor war and decep 605. F.S. Or, if this document is being filed hat the limited hability company has been | |
| By: Signati | CT Corporation/System Stephanie Hencz, ass Stephanie - Winey Stephanie Hencz, ass ire of Registered Agent | sistant secretary 2/1 | 1/2021 | |