

L21000170185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

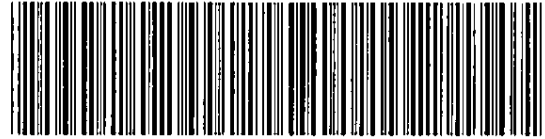
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine Construction 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:

George Carrazana
Name of Person

Sunshine Construction LLC
Firm/Company

460 N. State Rd 434
Address

Altamonte Springs, FL 32714
City/State and Zip Code

George@Sunshineconstructionpro.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Carrazana at (407) 310-5558
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2024

GEORGE CARRAZANA
460 N. STATE RD 434
ALTAMONTE SPRINGS, FL 32714

SUBJECT: SUNSHIN3 CONSTRUCTION LLC
Ref. Number: L21000170185

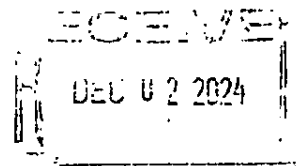
We have received your document for SUNSHIN3 CONSTRUCTION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 424A00025153



**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: SUNSHINE3 Construction, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

460 N. State Rd 434

Altamonte Springs, FL 32714

4-13-2021

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

460 N. State Rd 434

Altamonte Springs, FL 32714

L 21000170185

3. Date of filing/registration in Florida

4. Document number

5. (a) BENJAMIN H. MOORE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

720 N. Maitland Ave. Ste. 105

Maitland, FL 32751

(b) George J. Carrazana
Enter name of NEW Registered Agent and/or NEW Registered Office address:

460 N. State Rd 434

NEW Registered Office Address:

Altamonte Springs, FL 32714

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

George Carrazana
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

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