## 121000251681

(Re	questor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Do	cument Number)		
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Certified Copies	_ Certificates	or Status	
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## **COVER LETTER**

INHS18 (2/14)

TO:	Registration Section Division of Corporations	•	
SUBJI	ECT: 1045 Son Set LC Name of Limited	Liability Company	
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the	e following:	
	Elizabeth A. Sullivan	·	
<del></del>	1045 Suncet LLC Firm/Company		
	1756 D Fornum Rd. Address		
	AUCH POILE, FC 35805  City/State and Zip Code	<del></del>	
	-mail address: (to be used for future annual report not	ification)	
	ther information concerning this matter, please call:    Colsett A. Sullivery at ( Cyc   Name of Person	5 ) 781-3582 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. Na	me of the limited liability company: 1045 SonSe	+ uc
2. (a)	(b)	
(a) <u>.</u>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1756 N Fainum Rd.	SAME
	Aven Paik, FL 33825	
	05-25-21	621000251681
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida De	
	Registered Agent and Registered Office shown on the records of the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	IS w Camphal St.	2021
	Avon Park FL 338.	25
		ယ် တ
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address	======================================
	Early haine of the W Registered Agent and/or the W Registered Office address	10-
	2756 N Famon Rd.	26/10:5630
	NEW Registered Office Address:	30
		Marie de la companya
		Mil 10:
	Avan Pake FL 5366	55
change agent w was/we	mited liability company is not organized under the laws of the Sta or changes are made, the Florida street address of the registered cill be identical. Or, in the case of a Florida limited liability compre authorized by an affirmative vote of the members of the limited liability of the operating agreement of the limited liab	office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.
Signat	are of a member or authorized representative of a member	Printed or typed name of signee
provision the oblication mere notified	y accept the appointment as registered agent and agree to act in ons of all statutes relative to the proper and complete performanc gations of my position as registered agent as provided for in Cha ly reflect a change in the registered office address. I hereby confirm writing of histolyange.	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been