L21000344577

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							

Office Use Only



700370280927





CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 9579517 8332031					
AUTHORIZATION: Spelle was					
COST LIMIT : \$ 25.00	-				
ORDER DATE : August 13, 2021					
ORDER TIME : 4:02 PM					
ORDER NO. : 957351-005					
CUSTOMER NO: 8332031					
	- 				
CHANGE OF AGENT	REFERENCE : 357351 8332031 AUTHORIZATION : THE STANDARD RESERVE TO				
NAME: SUN ELECTRIC WORKS, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker EXT#					

EXAMINER:

COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	Sun Electric Works, LLC		
		ame of Limited	Liability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered C	Office Change ar	nd fee(s) are submitted for filing.
Please retur	n all correspondence concerning	this matter to th	ne following:
Catherine L	.eisy		
	Name of Person		
Turnpoint S	Services		
	Firm/Company		
3416 Roba	rds Court		
	Address		
Louisville, I	CY 40218		
	City/State and Zip Code		
catherine.le	isy@tumpointservices.com		
E-mai	l address: (to be used for future a	nnual report not	tification)
For further i	information concerning this matte	er, please call:	
Catherine L	eisy	502 at (888-1030)
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: gistration Section rision of Corporations b. Box 6327 rishassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the followin	ng amount:	
- s	25 Filing Fee	0	\$55 Filing Fee & Certified Copy
INHS18 (2/14	4)		

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	ame of the limited liability company:	orks, L	LC				
?. (a)	3400 SW 10th Street, Deerfield Beach, FL 33442		(b)	3400 SW 10th Street	, Deerfield	Beach	, FL 33442
• ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address	s of limited ti FBE POST C	-	
		_					
	07/29/2021	_		L21000344577			
·.	Date of filing/registration in Florida	4.		Document n	iumber		
. (a)	Robert Biscardi						
	Registered Agent and Registered Office shown on the records of	the Flo	rida I.	Dept. of State:			
	3400 SW 10th Street, Deerfield Beach, FL 33442						
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)				
							
	, FI	L					
(b)	Enter name of NEW Registered Agent and/or NEW Registered						
	Effet flame of NEW REPRIEFER Agent and of NEW REPRIFFER) Olike	adar	<u>rs.</u>			
	Corporation Service Company						
	NEW Registered Office Address:						
	1201 Hays Street				*	Ξ,	
					***	A:	
	Tallahassee	2220	4		i i Tak	AH 10: 2	: • • •
	FL, FL	<u>3230</u>	'			\geq	
the l	imited liability company is not organized under the law	ws of t	he St	tate of Florida, it is her	reby confir	→ med th	at after the
hange	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited list	regist	ered	office and the busines	s office of	the reg	istered
ras/we	ere authorized by an affirmative vote of the members of	of the I	imite	ed liability company of	r as otherw	ine cha ise pro	inge(s) vided in
ne arti	cles of organization or the operating agreement of the	limite	d lial	bility company.		,	
<u> </u>		D —	anie	I Godbey			
_	ure of a member or se horized representative of a member			Printed or type		-	
rovisi ie obli o mere otifiea	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	PAUL PTAIR	'FM / F241.	CA Of MILIGHTON And L.		1.	
:3	flem Biline						
ignatu	e of Registered Agent						