⊙ 06/22/2022 9:50 AM



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

LLC REGISTERED AGENT CHANGE 3 SUNDOWN COURT LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$25.00		

INHS18 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 3 SUNDOWN	COURT LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Joshua Murphy	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Sout	hwest Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip C	Code Code
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this r	natter, please call:
Joshua Murphy	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	owing amount:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

15129570210

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.

LIMITED LIABILITY COMPANY

1. Na	ame of the limited liability company: 3 SUNE	OWN COURT	LLC
2. (a)	1045 ROUTE 109 STE 102	_(b) 1045	ROUTE 109 STE 102
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) LINDENHURST, NY 11757	:	Mailing address of limited liability company: (NOTE: MAY BE POST OFFICE BOX) ENHURST, NY 11757
	9/29/2021	L21000	0426164
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	BLUMBERGEXCELSIOR CORPORATE	SERVICES, INC.	
	Registered Agent and Registered Office shown on the record 155 OFFICE PLAZA DR, 1 Registered Office Address (MUST BE FLORIDA STRE	e: -	
	TALLAHASSEE	, FL 32301	
(b)	Registered Agent Solutions, Inc	SEPARALLY.	
, ,	Enter name of NEW Registered Agent and/or NEW Regist	10 TO TO	
	155 Office Plaza Dr.	TOTAL MEDI	
	NEW Registered Office Address:		ORIAL CO.
	Suite A		17 ONS
	Tallahassee	, _{FL} 32301	_
the ch	limited liability company is not organized under the ange or changes are made, the Florida street addresswill be identical. Or, in the case of a Florida limite	ss of the registered offic ed liability company, it i	e and the business office of the registere

đ 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.

/s/	Michele Jette	Michele Jette	Authorized Person
_	Signature of a member or authorized representative of a member	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.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent