

L21000495798

VL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

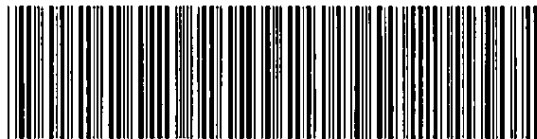
(Business Entity Name)

(Document Number)

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FILING OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

Sunshine Cleaning and Property Management Maintenance

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:

Hope McPherson

Name of Person

Sunshine Cleaning and Property Management

Firm/Company

16965 NE 38th CT

Address

Citra, Florida 32113

City/State and Zip Code

sunshinecleaningpropmgmt@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hope McPherson

352

816-7394

at (

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

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: Sunshine Cleaning and Property Management Maintenance

2. (a) 16965 NE 38th CT. Citra FL 32113 (b) same
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 11/18/2021 Date of filing/registration in Florida 4. L21000495798 Document number

5. (a) Hope McPherson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
390 North Orange AVE STE:2300-N
Orlando, FL 32801

(b) Hope McPherson
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
16965 NE 38th CT
Citra, FL 32113

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.

Hope McPherson
Signature of a member or authorized representative of a member

Hope McPherson
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to be bound by the provisions of all statutes relative to the proper and complete performance of 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.

Hope McPherson
Signature of Registered Agent