

L21 000 531 809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

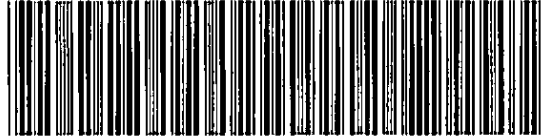
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/12/22--01021--013 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 SEP 12 PM 4:31

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sun and Sea Investments 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:

Ann S. Broudy (formerly Ann S. McCullen - got married) *(see attached documents)*

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

5128 Foliage Way

\_\_\_\_\_  
Address

Saint Augustine, FL 32092

\_\_\_\_\_  
City/State and Zip Code

mccullenann@gmail.com

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

For further information concerning this matter, please call:

Ann S. Broudy (formerly Ann S. McCullen)

904

307-7167

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: Sun and Sea Investments LLC

2. (a) 5128 Foliage Way, Saint Augustine, FL 32092 (b) 5128 Foliage Way, Saint Augustine, FL 32092

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

12/17/2021

L21000531809

3. Date of filing/registration in Florida

4. Document number

5. (a) Ann S. McCullen

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5128 Foliage Way

Saint Augustine, FL 32092

(b) Ann S. Broudy (formerly Ann S. McCullen - got married) (see attached documents)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

5128 Foliage Way

NEW Registered Office Address:

Saint Augustine, FL 32092

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.

Ann S. Broudy  
Signature of a member or authorized representative of a member

Ann S. Broudy (formerly Ann S. McCullen - got married)

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.*

Ann S. Broudy  
Signature of Registered Agent

Unique Code : BAA-CACBCIBACACEAF-BCBAJ-CACCAABDFA-JGFCI-D Page 1 of 1

Department of Health - Office of Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORD

1 TYPE IN UPPER CASE:  
USCOURTCLERK  
This license is void unless used at Court,  
Circuit or County Court, or other's Partner

(STATE FILE NUMBER)

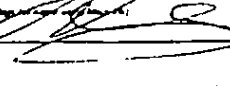
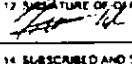
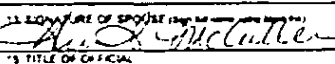
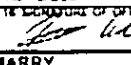
2021ML2103418

(APPLICATION NUMBER)

APPLICATION TO MARRY

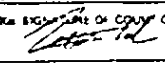
1. NAME OF SPOUSE (Full Name Last) BARRY BERNARD BROUDY		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) 10/12/1958
3a. RESIDENCE - CITY, TOWN OR LOCATION ST AUGUSTINE	3b. COUNTY ST JOHNS	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) FLORIDA
5a. NAME OF SPOUSE (Full Name Last) ANN STODDARD MCCULLEN		5b. MAIDEN SURNAME (if applicable) STODDARD	6. DATE OF BIRTH (Month, Day, Year) 11/18/1965
7a. RESIDENCE - CITY, TOWN OR LOCATION ST AUGUSTINE	7b. COUNTY ST JOHNS	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) FLORIDA

WE, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH ON OURSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT, TRUE, AND OF OUR KNOWLEDGE AND BELIEF. THAT NO LEGAL OBLIGATION TO THE MARRIAGE UNDER THE OATH OF A JUDGE OR TO AUTHORIZE THE SAME IS KNOWN TO US AND HERE BY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF SPOUSE (Sign as you wish) 	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/15/2021
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (and seal no)  D C
13. SIGNATURE OF SPOUSE (Sign as you wish) 	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/15/2021
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (and seal no)  D C

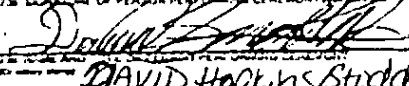
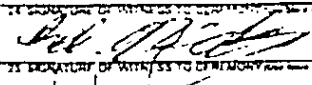
LICENSE TO MARRY

AUTHORIZATION AND LET ME BE HERBY GIVEN TO ANY PERSON (BY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA) TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMPNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE, AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND FILED.

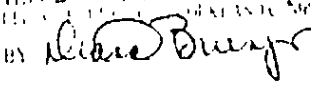
17. COUNTY ISSUING LICENSE ST. JOHNS	18. DATE LICENSE ISSUED 12/15/2021	19a. DATE LICENSE EFFECTIVE 12/18/2021	19. EXPIRATION DATE 02/13/2022
20a. SIGNATURE OF COUNTY CLERK OR JUDGE 	20b. TITLE CLERK OF THE COURT	20c. BY D C T C	

CERTIFICATE OF MARRIAGE

THE REVEREND CERTIFY THAT THE ABOVE NAMED SPOUSE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 12/25/21	22. CITY, TOWN OR LOCATION OF MARRIAGE 5128 FOLINGEN WAY, ST AUGUSTINE FL 32092
23a. COUNTY OF PERSON PERFORMING CEREMONY ST. JOHNS	23b. ADDRESS OF PERSON PERFORMING CEREMONY 1346 HOLMES LANE, JACKSONVILLE FL 32207
24. SIGNATURE OF PERSON PERFORMING CEREMONY  DAVID HOPKINS STODDARD UNITED LIFE MINISTER	25. SIGNATURE OF WITNESS TO CEREMONY (and seal no)  1/21/2022

SEAL

THE CLERK OF THE COURT  
INVESTIGATED THE ABOVE NAMED SPOUSE  
ON 12/15/2021 AND FOUND THEM TO BE  
WITNESS TO THE MARRIAGE OF THE ABOVE NAMED  
PERSONS ON 12/25/21  
BY  D C



## Social Security Administration Important Information

Social Security Administration  
SOCIAL SECURITY  
2428 Old Moultrie Road  
ST AUGUSTINE, FL 32086-9906  
Date: August 30, 2022

ANN STODDARD BROUDY  
5128 FOLIAGE WAY  
SAINT AUGUSTINE, FL 32092-3621

This is a receipt to show that you applied for a Social Security card on August 30, 2022. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please contact us and have this receipt available. To protect your privacy, we will not disclose a Social Security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.

### Need More Help?

1. Visit [www.ssa.gov](http://www.ssa.gov) for fast, simple and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 877-405-5867.

SOCIAL SECURITY  
2428 Old Moultrie Road  
ST AUGUSTINE, FL 32086-9906

How are we doing? Go to [www.ssa.gov/feedback](http://www.ssa.gov/feedback) to tell us.

Field Office Manager