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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:						
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## LLC REGISTERED AGENT CHANGE SUNSHINE SF HOLDINGS LLC

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## 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.

	ии.				
1. 8	Name of the limited liability company: <u>SUNSHINE SF</u>	10LDINGS LLC			
2. (a	)	(b)			
(	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	07/07/2022	L22000	300515		
3.	Date of filing/registration in Florida	4.	Document number		
5. (1	Registered Agent and Registered Office shown on the records of	The Florida Dept. of	 t'State		
	4600 SUMMERLIN RD STE C-2524 Registered Office Address	ADDRESS)			
	FORT MYERS . FL	_33919	<del></del>		
(h	) Registered Agents Inc		202		
(0	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	2024 APR 2		
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300				
	312 300		• • • • • • • • • • • • • • • • • • • •		
	_		37		
	St. Petersburg , F1	33702			
the c agen was/ the a	limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	f the registered of lability company of the limited lia	office and the business office of the registered that the change(s) is illustrated that the change(s) is officed in the change		
Sig	nature of a member or authorized representative of a member	Robin Jones	Printed or typed name of signee		
prov the o	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ted in writing of this change.	rce to act in this e performance of ed for in Chapter herchy confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accep r 605, F.S. Or, if this document is being filed that the limited liability company has been		
~	d David Roberts - Assistant S	Secretary			
111	ntuke of Registered Agent				