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(F	Requestor's Name)			
(A	Address)			
(A	Address)			
(0	City/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	o Filing Officer;			

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COVER LETTER

TO: Registration Section Division of Corporations				
SUNSET BEACH BUILDING	PARTNERS, LLC			
SUBJECT:	Name of Limited I	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	l Office Change and	fee(s) are submitted for filing.		
Please return all correspondence concernir	ng this matter to the	following:		
Patricio Escobar				
Name of Person				
Florida Companies Services LLC				
Firm/Company				
12550 Biscayne Blvd Suite 800-37				
Address		_		
North Miami, FL, 33181				
City/State and Zip Co	ode	<u> </u>		
patricio@escobar.com				
E-mail address: (to be used for future	annual report noti	fication)		
For further information concerning this ma	atter, please call:			
Patricio Escobar	917 at (3706565		
Name of Person	ai (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	13358481 (24) 10 ARM 24 73	H F 2 LINC 6207
Enclosed is a check for the follow	wing amount:		(0) 153	¥

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

■ \$25 Filing Fee

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.

l. Na	me of the limited liability company: SUNSET BEAC	H BUILI	DING PART	NERS, LLC		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	liability company:	
	12550 Biscayne Blvd Suite 800-37,		12550 Bis	scayne Blvd Suite 800-37	7. 	
	North Miami, FL. 33181		North Mi	ami, FL. 33181		
	08/29/2022		1.22000376	5619		
3.	Date of filing/registration in Florida	4.		Document number	<u></u>	
5. (a)						
. (u)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of Sta	ite:		
	Cross Street Corporate Services, LLC					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>55)</u>	_		
		24224		_	- •	\ 3
	50 Central Avenue, 8th floor, Sarasota, F	L		_	i*: 0	1195 JAN 24
					<u></u>	<u>-</u>
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office s	ddress:	_	ja ja	2
	Sile halle of the property of the same of				71	D- X
	Florida Companies Services LLC					ė ∓
	NEW Registered Office Address:			_	Telebili SIMIS	2
				_		
	12550 Biscayne Blvd Suite 800-37, North Miami,, F	L				
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability of of the li e limited	red office a company, it mited liabili	nd the business office is hereby confirmed the ity company or as othe mpany.	of the registered oat the change(s	d .)
Signa	ture of a member or authorized representative of a member			Printed or typed name o	f signee	
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address. It is writing of this change.	gree to a e perfori ed for in hereby	ct in this cap nance of my Chapter 66 confirm tha	pacity. I further agree duties, and I am fami 15, F.S. Or, if this doct t the limited liability ca	to comply with liar with and ac ument is being) ompany has bee	the ecept filed en

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00