

Clorida Department of State Division of Corporations Blegtrouic Elling Cover Sheet

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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 : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 2023

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LLC REGISTERED AGENT CHANGE SUNSHINE RD 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.

1. Na	une of the limited liability	Company: Sunshine	RD	LLC		
2. (a)	,	of limited liability company: STREET ADDRESS)	_ ({)1	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
3.	10/19/22 Date of filing/reg	stration in Florida	1.	 L2200	0450127 Document number	
5. (u)	8385 101ST COUR	Office shown on the records of th				
(b)	<u>~</u>	. FL_ istered Agent L Agent and/or NEW Registered (2023 JAN -4 AI	
	7901 4th St N NEW Registered Office Address STE 300	N:			AH DO: 4	
	St. Petersburg	FL	33702	2		
the cha agent w was/we the arti-	nge or changes are made, if will be identical. Or, in the re authorized by an affirma cles of organization or the (ne Florida street address of t case of a Florida limited lial tive vote of the members of operating agreement of the li	he regi vility co the lin	stered office ompany, it is nited liability		
Signat	ure of a member or authorized re	presentative of a member		1466	Printed or typed name of signee	
I herel provision the obli to mere notifigo	oy accept the appointment of ons of all statutes relative to teations of my position as rely reflect a change in the relient writing of this change.	s registered agent and agre o the proper and complete p egistered agent as provided egistered office address, I hi	on and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and accept is provided for in Chapter 605, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability company has been			
'~ / V~~		or Newman - Assistant	Secre	tary		
Signatur	e of Registered Agent	İ				