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## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Sunluxe US, LLC					
	ne of Limited L	iability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ice Change and	I fee(s) are submitted for filing.			
Please return all correspondence concerning thi	is matter to the	following:			
Kylie Conrad & Kayla King					
Name of Person		<del></del>			
Corpl. Inc.					
Firm/Company					
7700 E Arapahoe Rd Ste 220		-3; ·			
Address		<del></del> .: :			
Centennial, CO 80112					
City/State and Zip Code		- 2:46 - 2:46			
E-mail address: (to be used for future ann	iual report notil	fication)			
For further information concerning this matter,	please call:				
Kylie Conrad	720 at (	823-9273			
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	g 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.

I. Na	ume of the limited liability company: Sunluxe US, LLC						
2. (a)	359 S. MAYA PALM DR.		(b)	359 S. MA	AYA PALM DR.		
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(**)		Mailing address of limi (Note: MAY BE PO		
	BOCA RATON, FL 33432	<u> </u>		BOCA RA	TON, FL 33432		
	12/07/2022			1.220005126	528		
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	<b>-</b> 4.		_	Document number	ŗ	
J. (a)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Flo	rida	Dept, of State	- e:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDR.	ESS,	<u> </u>	-		
	TALLAHASSEE, FI	3230	1-25	525	-	21 200	
(b)	Registered Agents Inc					:	
(/	Enter name of NEW Registered Agent and/or NEW Registered	Office	ado	iress:		 —-j	
	7901 4th St N				- , <i>-</i>	502	
	NEW Registered Office Address: Ste 300	_			. ř.,	S	
	St. Petersburg, FI	3370	2		_		
change agent v was/w	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 like authorized by an affirmative vote of the members of organization or the operating agreement of the	regis ability of the	tere ' coi lim	d office and mpany, it is ited liability	d the business offic s hereby confirmed y company or as of	ce of th I that ti	ne registered he change(s)
	HENRY SHUM	1	Henr	y Shum	<del> </del>		<u>-</u>
1 here provisi the obi to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	1101111	P111/	(D17'17' F17' <b>1)</b> 11' /	ananes ama i am ia.	ee to c miliar	comply with the with accept
	vid Roberts						
Signati	re of Registered Agent						