Division of Corporations



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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.

LLC REGISTERED AGENT CHANGE **AQUILA SUNRISE 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. N	ame of the limited liability company: Aquila Sunrise 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)
	01/26/23	L2300004	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)		······	
	Registered Agent and Registered Office shown on the records of the	he Florida Dept, of S	itate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	JACKSONVILLE	22202	_
	JACKSONVILLE	32202	
(b)	Registered Agents Inc		.2
10)	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		 -
	St. Petersburg . FL	33702	
the cha agent was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the lack the force of the street of the lack that the lack	the registered off bility company, i f the limited liabi	fice and the business office of the registered it is hereby confirmed that the change(s) if ity company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change. WAY PROPERTY Assistant Se	performance of n I for in Chapter (ereby confirm th	apacity. I further agree to comply with the sy duties, and I am lamiliar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been
Signati	ire of Registered Agent		