

L23000244510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

JUL 20 2023

Office Use Only



600408688246

05/22/20 --01012--001 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 MAY 22 AM 10:46

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAERA OF SUNSHINE LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Regina Washington
Name of Person

Firm/Company

935 N BENEVA RD STE W09
Address

Sarasota FL 34232
City/State and Zip Code

RAERA OF SUNSHINE LLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regina Washington at (941) 296-5120
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 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.

1. Name of the limited liability company: RAE RAE OF SUNSHINE LLC
2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- 382 NE 191st St #473957 382 NE 191st St #47395
Miami, FL 33179 MIAMI, FL 33179
- 5/18/2023 423000244510
3. Date of filing/registration in Florida 4. Document number
5. (a) UNITED STATES CORPORATION AGENTS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
470 Riverside Ave
JACKSONVILLE, FL 32202
- (b) Raegina Washington
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
935 N Boneva Rd Ste 609
NEW Registered Office Address:
SARASOTA, FL 34232

FILED
CLERK OF STATE
2023 MAY 22 AM 10:46

Mailing Address:

935 N Boneva Rd
Ste 609 - 1246
SARASOTA, FL 34232

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

R. Washington
Signature of a member or authorized representative of a member

Raegina Washington
Printed or typed name of Signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

R. Washington
Signature of Registered Agent