## Florida Department of State

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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

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-mail	Address:			

## LLC REGISTERED AGENT CHANGE SUNSHYNE VIBEZ 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:  Sunshyne Vibez L	.LC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) _ 	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	06/05/2023  Date of filing/registration in Florida	L23	2000269905 Document number
5. (a)	LINITED STATES CORPORATION ACENTS INC		
	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.  Registered Office Address (MUST BE FLORIDA STREET)	pt. of State:	
	Jacksonville	32202	2(
(b)	Registered Agents Inc  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N <u>NEW Registered Office Address:</u>	2023 JUH - 6 PH 2:	
	STE 300		
	. 11.	33702	
the ch agent was/w the art	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited literer authorized by an affirmative vote of the members of icles of organization or the operating agreement of the floridal member or authorized representative of a member.	the register ability comport the limited	ed office and the business office of the registered bany, it is hereby confirmed that the change(s) dliability company or as otherwise provided in ility company.  Ones
Sign	iture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agr 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 i d'in writing of this change.	ee to act in performanc d for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pier 605, F.S. Or, if this document is being filed rm that the limited liability company has been
۳ Sianan	David Roberts - Assistant Se ire of Registered Agent	ecretary	