Division of Corporations



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(((H220001144813)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : OLIVE DUDD, P.A. Account Number : 120200000171 Phone : (954)334-2250 : (888)503-5258 Fax Number

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

Email Address:_

LLC REGISTERED AGENT CHANGE SUNNY SKIES PROPERTIES, LLC

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cov	ER LETTER
TO: Registration Section Division of Corporations	
SUNNY SKIES PROPERTIES, LLC SUBJECT:	
Name of Limi	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter t	o the following:
Stephen Hoffman, Esq.	
Name of Person	
Olive Judd, P.A.	
Firm/Company	
2426 East Las Olas Boulevard	
Address	
Fort Lauderdale, Florida 33301	
City/State and Zip Code	
shoffman@olivejudd.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	li:
Stephen Hoffman 954	334-2250
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	S55 Filing Fee & Certified Copy
NHS18 (2/14)	

(((H22000114481 3)))

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.

Na	me of the limited liability company: SUNNY SKIES	PROPERTIES,	LLC		
(a)		(b)	Mailing address of limit		
(-/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limit (Note: MAY BE PO.		
	1180 North Federal Highway, Unit 302	118	0 North Federal Highway, U	Jnit 302	
	Fort Lauderdule, Florida 33304	For	t Lauderdale, Florida 33304		
	04-21-1999	1,990	000002267		
	Date of filing/registration in Florida	4.	Document number	r	
(a)	Richard W. Emmert Registered Agent and Registered Office shown on the records to	of the Florida Dept	, of State;		
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)			
	1180 N. FEDERAL HWY, UNIT 302			20	
	FORT LAUDERDALE , I	T. 33304		2022 MAR	
(b)	OLIVE JUDD, P.A. Enter name of NEW Registered Agent and/or NEW Register	ed Office address	:	R 29 PM I:	FII FI
	NEW Registered Office Address:		- 	142 24.2	
	2426 East Las Olas Boulevard			. 10	
	Fort Lauderdale	FL <u>33301</u>			
hang gent vas/w he ar Sign	limited liability company is not organized under the e or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the authorized representative of a member of authorized representative of a member edviacept the appointment as registered agent and a stony of all statutes relative to the proper and completing the property of the property	he registered of liability compass of the limited liabil Riccard Ricca	Fire and the business offiny, it is hereby confirmed liability company or as of lity company. Printed or typed name this capacity. I further against and I am factor 605, F.S. Or, if this arm that the limited liability.	ice of the registered d that the change(s) otherwise provided MMLC+	i) in

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 F1LING FEE: \$25.00