

(Damastada Nama)	
(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:	
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	VILLA SUNSHINE PROPER	RTIES, LLC	
SCBOL	oility Company		
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.
Please	return all correspondence concerning the	is matter to the fo	llowing:
MAT	T VILLA		
	Name of Person		-
	Firm/Company	_	-
1 SQ	UIRES LANE		
	Address		-
ST. L	OUIS, MO 63131		
	City/State and Zip Code		-
MAT	T.VILLA@VILLALIGHTING.COM		
E	E-mail address: (to be used for future ann	ual report notific	ation)
For fur	rther information concerning this matter,	please call:	
MAT	ΓVILLA	314	633-0444
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314
.; · .	Enclosed is a check for the following	amount:	
	☑ \$25 Filing Fee	<b>\$55</b>	Filing Fee & Certified Copy

INHS18 (2/14)

## 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: VILLA SUNS	HINE PROPERT	IES, LLC		
2. (a)	13008 SUNNY DAWN CT.	(b) 13008 S	(b) 13008 SUNNY DAWN CT.		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limit (Note: MAY BE PO		
	ST. LOUIS, MO 63127	ST. LOU	JIS, MO 63127		
	9/22/06	M060000	05278		
3.	Date of filing/registration in Florida	4.	Document number	г	
5. (a)	CORPORATION SERVICE COMPANY				
5. (a)	Registered Agent and Registered Office shown on the records of		- e: -		
	Registered Office Address (MUST BE FLORIDA STREET  1201 HAYS STREET	<u>ADDRESS)</u>	-		
	TALLAHASSEE . FI	32301-2525			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	-	FILED SA 29 M MASSING	
	NEW Registered Office Address:			6 <b>2 2 2</b>	
	1103 VINTNER BLVD		_		
	PALM BEACH GARDENS, FI	L_33410	-	<b>8</b> 9 0	
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited! were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registered offic- iability company, it i of the limited liabilit	e and the business of shereby confirmed v company or as of	office of the registered d that the change(s)	
	ature of a member or authorized representative of a member		w Villa Printed or typed nam	Manager	
			• • •	•	
I here provise the object to menotification.	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change!	ree to act in this cap e performance of my ed for in Chapter 60: hereby confirm that	acity. I further agi duties, and I am fa 5, F.S. Or, if this d the limited liability	ree to comply with the miliar with and accept locument is being filed y company has been	
Signal	are of Registered Agent				