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(Req	uestor's Name)			
(Address)				
bbA)	ress)			
(C:thu	/State/Zip/Phon	0 th		
(City)	rState/Zip/Priori	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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2020 AUG -4 ANIO: 24 SECRETARY OF STATE

JQ 09/25/20



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: July 31, 2020

Order#: 357871-071

Re: SUN BUM LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$\\$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Matthew Ermak c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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. Na	me of the limited liability company:				
2. (a)	444 S Coast Hwy 101		(b) 444 S Coast Hwy 101		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(°) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Encinitas, CA 92024	_	Encinitas	s, CA 92024	
	04/13/2010		M1000000	01719	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	C T CORPORATION SYSTEM				
J. (u)	Registered Agent and Registered Office shown on the records o 1200 SOUTH PINE ISLAND ROAD	f the Flori	da Dept. of Sta		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	PLANTATION, F	33324 L		_	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office a	address:	_	
	NEW Registered Office Address:			_	
	1201 Hays Street			_	
	Tallahassee, F	32301 L		_	
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability of of the li e limited	red office ar company, it i mited liabili liability cor	nd the business office of the registered is hereby confirmed that the change(s) ty 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 provisi the obl to mer	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete ligations of my position as registered agent as provide ly reflect a change in the registered office address, I d in writing of this change.	e perfori ed for in hereby	nance of my Chapter 60. confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
C:	Drace 2-Knby	G	race E. Kir	by, Asst. Vice President	