

| (Re                     | equestor's Name)   |                 |  |  |  |
|-------------------------|--------------------|-----------------|--|--|--|
| (Ac                     | ldress)            |                 |  |  |  |
| (Ac                     | ldress)            |                 |  |  |  |
| (Ci                     | ty/State/Zip/Phone | <del>=</del> #) |  |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL            |  |  |  |
| (Bu                     | usiness Entity Nan | ne)             |  |  |  |
| (Document Number)       |                    |                 |  |  |  |
| Certified Copies        | _ Certificates     | of Status       |  |  |  |
| Special Instructions to | Filing Officer:    |                 |  |  |  |
|                         |                    |                 |  |  |  |
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R. WHITE

## **COVER LETTER**

|              | gistration Section<br>vision of Corporations           |                          |                                      |  |  |
|--------------|--|--------------------------|--------------------------------------|--|--|
| SUBJECT      | ANNIE SUNBEAM, LLC                                     |                          |                                      |  |  |
|              |  | ne of Limited Liab       | ility Company                        |  |  |
| Dear Sir or  | Madam:   |                          |                                      |  |  |
| The enclose  | ed Registered Agent/Registered Off                     | ice Change and fee       | e(s) are submitted for filing.       |  |  |
| Please retur | rn all correspondence concerning th                    | is matter to the fol     | lowing:                              |  |  |
| IVAN J. F    | PARRON   |                          |                                      |  |  |
|              | Name of Person   |                          |                                      |  |  |
| PARRON       | & ASSOCIATES, PL                                       |                          |                                      |  |  |
|              | Firm/Company   |                          |                                      |  |  |
| 175 SW 7     | 7TH STREET, SUITE 1210                                 |                          |                                      |  |  |
|              | Address  |                          |                                      |  |  |
| MIAMI, F     | L 33130  |                          |                                      |  |  |
|              | City/State and Zip Code                                |                          |                                      |  |  |
| _            | RONLAW.COM   |                          |                                      |  |  |
| E-mai        | l address: (to be used for future anr                  | ual report notifica      | tion)                                |  |  |
| For further  | information concerning this matter,                    | please call:             |                                      |  |  |
| IVAN J. F    | PARRON   | 305                      | 851-2320                             |  |  |
|              | Name of Person   |                          | Area Code & Daytime Telephone Number |  |  |
|              | REET/COURIER ADDRESS:                                  |                          | LING ADDRESS:                        |  |  |
|              | gistration Section                                     | Registration Section     |                                      |  |  |
|              | vision of Corporations                                 | Division of Corporations |                                      |  |  |
|              | fton Building  | P.O. Box 6327            |                                      |  |  |
|              | 61 Executive Center Circle<br>llahassee, Florida 32301 | Tallah                   | nassee, Florida 32314                |  |  |
| En           | closed is a check for the following                    | amount:                  |                                      |  |  |
|              | \$25 Filing Fee  | <b>\$55</b> 1            | Filing Fee & Certified Copy          |  |  |
| INHS18 (2/1  | 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. Na                                    | ame of the limited liability company: ANNIE SUI   | NBEAM   | 1, L                              | LC  |  |  |                                     |  |
|--|---|---|-----------------------------------|---|--|--|-------------------------------------|--|
| 2. (a)                                   | 4044 NE 7TH AVENUE, SUITE 100   |   | (b) 4044 NE 7TH AVENUE, SUITE 100 |   |  |  |                                     | 0  |
| (u)                                      | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |   | (•)                               | Mailin  | ng address of lir<br>nte: MAYBE F  |  |                                     | •  |
|  | FT. LAUDERDALE, FL 33334  |   |                                   | FT. LAUDEI  | RDALE, FL  | _ 33334  |                                     |  |
|  | 05/25/2012  | <u></u>   | ı                                 | M120000029  | 93   |  |                                     |  |
| 3.                                       | Date of filing/registration in Florida  | 4.  | _                                 | Doc   | ument numb   | er   |                                     |  |
| 5. (a)                                   | P & A REGISTERED AGENTS, LLC  |   |                                   |   |  |  |                                     |  |
| ( )                                      | Registered Agent and Registered Office shown on the records   | of the Flor   | rida                              | Dept. of State:   |  |  |                                     |  |
|  | 175 SW 7TH STREET   |   |                                   |   |  |  |                                     |  |
|  | Registered Office Address (MUST BE FLORIDA STREE  | T ADDRE   | ESS)                              |   |  |  |                                     |  |
|  | MIAMI   | <sub>FL</sub> 3313                                  | 30                                |   | •  |  | هست<br>ح.اد                         |  |
| (b)                                      | P & A REGISTERED AGENTS, LLC Enter name of NEW Registered Agent and/or NEW Registered   |   |                                   | ress:   |  |  | 17 20                               |  |
|  | 175 SW 7TH STREET   |   |                                   |   |  | #=-<br>#=-                                       | ====                                | D  |
|  | NEW Registered Office Address:  |   |                                   |   |  |  | <del>22</del>                       |  |
|  | SUITE 1210  |   |                                   |   |  | 1.*  | - <del>-</del> ,                    |  |
|  | MIAMI   | <sub>FL</sub> 3313                                  | 30                                |   |  |  |                                     |  |
| the cha<br>agent w<br>was/we<br>the arti | imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of the company | of the re<br>l liability<br>s of the l<br>he limite | gist<br>cor<br>limi<br>d li       | ered office and<br>npany, it is here<br>ted liability con                   | the business<br>eby confirment<br>or as on<br>the business<br>of the busin | office of<br>d that the<br>otherwise             | the re<br>chang<br>provid           | gistered<br>ge(s)<br>led in              |
| Signat                                   | ture of a member or authorized representative of a member   |   |                                   | Print   | ted or typed nar   | ne of signee                                     | ;                                   |  |
| provisi<br>the obl<br>to mere            | by describe appointment as registered agent and a cons of all statutes relative to the proper and completing and statutes relative to the proper and completing actions of my position as registered agent as proviety reflect a change in the registered office address, d in writing of this change   | agree to d<br>ete perfoi<br>ided for i<br>I hereby  | act i<br>rma<br>n C<br>v co       | in this capacity<br>nce of my dutie<br>hapter 605, F.S<br>nfirm that the li | . I further as<br>s, and I am f<br>i. Or, if this<br>imited liabili  | gree to co<br>amiliar w<br>document<br>ty compai | mply vith and<br>is being<br>ny has | vith the<br>d accept<br>ng filed<br>been |
| Signatu                                  | re of Registered Agent  |   |                                   |   |  |  |                                     |  |
|  | Division of Corporations P.O. FILING  |   |                                   |   | FL 32314   |  |                                     |  |