

M14000008753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

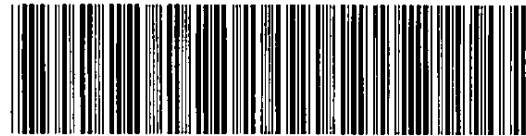
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100300339541

06/15/17--01020--021 ++25.00

2017 JUN 15 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K SALY

JUN 16 2017

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Request for Address Change/Sunbelt Property Solutions LLC

Dear Division of Corporations,

Please use this letter as my formal request to change all the addresses, including the address for the CEO, COO, LLC, and Registered Agent, on my LLC sunbiz.org file to the following –

24123 Peachland Blvd, C-4 #217  
Port Charlotte, Florida 33954

I have enclosed a complete application as well as payment for this request.

If you have any questions, or concerns, you can reach me anytime at 813-415-8314.

Thank you,

A handwritten signature in black ink, appearing to read "Mark Ippolito". The signature is fluid and cursive, with the first name "Mark" being more prominent and the last name "Ippolito" written in a more compact, flowing style.

Mark Ippolito  
enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sunbelt Property Solutions LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Ippolito

Name of Person

Sunbelt Property Solutions LLC

Firm/Company

24123 Peachland Blvd, C-4 #217

Address

Port Charlotte, Florida 33954

City/State and Zip Code

elginholdings@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Ippolito

Name of Person

at ( 813 ) 415-8314

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: SUNBELT PROPERTY SOLUTIONS LLC

Enter new principal office address, if applicable: 24123 Peachland Blvd, C-4 #217  
Port Charlotte, Florida 33954  
*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 24123 Peachland Blvd, C-4 #217  
Port Charlotte, Florida 33954  
*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M14000008753

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/1/2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: IPPOLITO, MARK

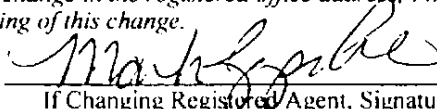
New Registered Office Address: 24123 Peachland Blvd, C-4 #217

*Enter Florida Street Address*

Port Charlotte, Florida 33954  
*City Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



If Changing Registered Agent, Signature of New Registered Agent

2017 JUN 15 PM 3:07  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

**FILED**  
**2017 JUN 15 PM 3:07**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	MCASEY, COIMIN	1000 SAN LINO CIRCLE, UNIT 1032	<input type="checkbox"/> Add
		VENICE, FL 34292	<input checked="" type="checkbox"/> Remove
COO	IPPOLITO, MARK	1000 SAN LINO CIRCL, UNIT 1032	<input type="checkbox"/> Add
		VENICE, FL 34292	<input checked="" type="checkbox"/> Remove
CEO	MCASEY, COIMIN	24123 Peachland Blvd, C-4 #217	<input checked="" type="checkbox"/> Add
		Port Charlotte, Florida 33954	<input type="checkbox"/> Remove
COO	IPPOLITO, MARK	24123 Peachland Blvd, C-4 #217	<input checked="" type="checkbox"/> Add
		Port Charlotte, Florida 33954	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Mark Ippolito  
Signature of the authorized representative  
MARK IPPOLITO  
Typed or printed name of signee

Filing Fee: \$25.00