

M15000000 318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

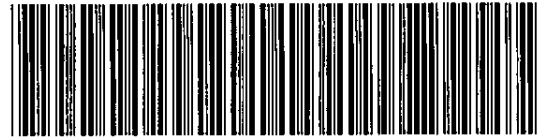
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 APR 15 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 18 2016
J. HARRIS

Sunset MHP, LLC
2125 West Washington Street
West Bend, WI 53095

TEL (262) 334-4444

FAX (262) 306-2880

April 12, 2016

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

RE: *Articles of Amendment - Address Correction*

To Whom It May Concern:

Enclosed please find the original signed Articles of Amendment changing the address from 1000 Palmview Road, Palmetto, Florida 34221 to 100 Palmview Road, Palmetto, Florida 34221 along with a check in the amount of \$60.00 as the filing fee, certificate of status fee and certified copy fee.

Thank you for your attention to this matter. If you have any questions please contact the undersigned.

Very truly yours,

HICKMANN & HICKMANN, S.C.


Michael P. Hickmann, Esq.

MPH:bjd

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunset MHP, 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:

Michael P. Hickmann

Name of Person

Sunset MHP, LLC

Firm/Company

2125 W. Washington Street

Address

West Bend, WI 53095

City/State and Zip Code

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

For further information concerning this matter, please call:

Mike Hickmann

Name of Person

at (262) 334-4444

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: Sunset MHP, LLC

Enter new principal office address, if applicable: 100 Palmview Road

(Principal office address
MUST BE A STREET ADDRESS) Palmetto, FL 34221

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX) 2125 W. Washington Street
West Bend, WI 53095

2. The Florida document number of this limited liability company is: M15000000318

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/6/2015

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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
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.

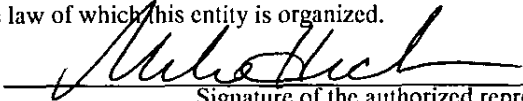
If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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.


Signature of the authorized representative

Michael P. Hickmann

Typed or printed name of signee

Filing Fee: \$25.00

FILED
16 APR 15 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA