

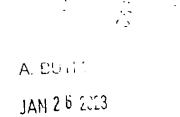
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certificates of Status				
cial Instructions to Filing Officer:				

Office Use Only



800401248208





Ö



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/25/2023	
Name:	Ken Howell	<del>-</del>
	#:1868374	_
	E SOLUTIONS, LLC	
	les of Incorporation/Authorization	to Transact Business
	endment	
Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	ger	
Diss	olution/Withdrawal	
☐ Fictit	tious Name	
☐ Othe	er	
Authorized	Amount: <b>\$25.00</b>	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:01/25/2023
Name:Ken Howell
Reference #:1868374
Entity Name: SUNSET COVE SOLUTIONS, LLC
Articles of Incorporation/Authorization to Transact Business
☐ Amendment
✓ Change of Agent
Reinstatement
Conversion
☐ Merger
☐ Dissolution/Withdrawal
☐ Fictitious Name
Other
Authorized Amount:\$25.00
Signature:

F: 800.944.6607

## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	SUBJECT: SUNSET COVE SOLUTIONS, LLC						
	Name of Limited Liability Company						
Dear :	Sir or Madam:						
The e	nclosed Registered Agent/Registered Offi	ce Cha	nge and f	ee(s) are	submitted for filing.		
Please	e return all correspondence concerning thi	s matte	r to the f	ollowing:			
	Kara Childress			_			
	Name of Person						
	Sunset Cove Solutions, LL	С					
	Firm/Company			_			
	2600 W. Geronimo Pl., #10	00					
-	Address		-	_			
	Chandler, AZ 85224			_			
	City/State and Zip Code						
	businessregistration@vensure	e.com					
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
	Kara Childress	at (	480	)	993-2650		
	Name of Person	_ `-		Area Co	de & 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		<b>□ \$</b> 5	5 Filing F	ee & Certified Copy		
INHS	18 (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.

Ι.	Name of the limited liability company:S		Sunse	Sunset Cove Solutions, LLC			
2.	(a)	2598 EAST SUNRISE BLVD	(b)	2600 W. Geronimo Pl.,#100			
	(/	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- \ '	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		SUITE 2104					
		FT LAUDERDALE, FL 33304		Chandler, AZ 85224			
		04/26/2018		M18000004088			
3.		Date of filing/registration in Florida	4.	Document number			
5.	(a)	VCORP SERVICES, LLC					
	, ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		1200 S PINE ISLAND ROAD	)				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>			
		PLANTATION FL	33324	<u>4</u>			
(b	(b)	COGENCY GLOBAL INC.					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address	:			
		115 North Calhoun Street, Suite	e 4				
		NEW Registered Office Address:					
		Tallahassee , FL	3230	<del></del> 1			
the age	e cha ent v is/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liagreement.	s of the Stat the registere bility compa f the limited	e of Florida, it is hereby confirmed that after d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in			
		Kara Childress	<del></del>	Kara Childress			
	_	ture of a member or authorized representative of a member		Printed or typed name of signee			
pro the 10	ovisi 2 obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change.	ee to act in to performance I for in Chap wreby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed on that the limited liability company has been			
<u> </u>	uncite	re of Registered Agent					
-51	Engn	te or registered Agent					