

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2021 SEP 20 AM 10:29
 WILLIAMS, SETH F. (09/10)

**LLC REGISTERED AGENT CHANGE
 SONNY'S DIAMOND SHINE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SEP 21 2021
S. PRATHER

2021 SEP 20 AM 11:29
 WILLIAMS, SETH F. (09/10)

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. Name of the limited liability company: SONNY'S DIAMOND SHENE, LLC

2. (a) 1340 EAST 289TH ST., WICKLIFFE, OH 44092 (b) 1340 EAST 289TH ST., WICKLIFFE, OH 44092
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

3. 08/24/2018 4. M18000007874
 Date of filing/registration in Florida Document number

5. (a) CORPORATION SERVICE COMPANY
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 HAYS STREET
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

TALLAHASSEE, FL 32301

(b) Corporate Creations Network Inc.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

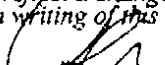
801 US Highway 1
NEW Registered Office Address:
North Palm Beach, FL 33408

2021 SEP 29 AM 10:29
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Adia Myles, Attorney-in-fact
 Signature of a member or authorized representative of a member Printed or typed name of signee

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.

 Adia Myles, Special Secretary
 Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
 FILING FEE: \$25.00