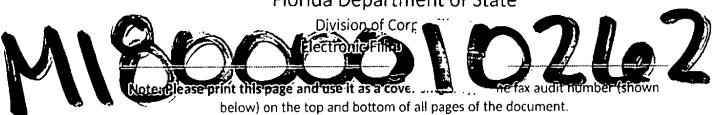
Florida Department of State



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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

Email Address:	

SUNNYTRAILS HOMES, LLC
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Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

2020 JUL 30 AM II: 19

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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. N	ame of the limited liability company: SUNNY	TRAILS I	HOMES, LLC
2. (a)	0354 NW 40 Place	(h) 93	54 NW 49 Place
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sunrise, FL 33351	Sur	nrise, FL 33351
	11/16/18	M18	3000010262
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	REGISTERED AGENTS, INC.		
J. (a,	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
	3030 N. ROCKY PIONT DR.		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	SUITE 150A		
	TAMPA	FL 33607	
(b)	Registered Agents Inc.		FILED 2020 JUL 30 MIIIII SEGRETARY OF SP TALEARAS SEEF
•	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	
	7901 4th St N		MIII: 19 OF STATE SEE. FL
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	FL_33702	
the chagent was/verthe are Sign	limited liability company is not organized under the nange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the member ticles of organization or the operating agreement of nature of a member or authorized representative of a member reby accept the appointment as registered agent and sions of all statutes relative to the proper and completing to the proper and completely reflect a change in the registered office address.	s of the registered diability comparts of the limited the limited liabil Riley Page 4 agree to act in the lete performance wided for in Chan	any, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. ark Printed or typed name of signee this capacity. I further agree to comply with the coff my duties, and I am familiar with and acceptage 105. F.S. Or if this document is being filed

Signature of Registered Agent

- Assistant Secretary

Bill Havre