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COVER LETTER

Registration Section

TO:

Divi	sion of Corporations					
CHD IF C'F.	Sunset Paradise Investments 2 LLC					
SUBJECT:	Name of	Limited Li	iability Company			
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Office Cl	nange and	fee(s) are submitted for filing.			
Please return	all correspondence concerning this mat	ter to the	following:			
Andrew Piero	ce					
	Name of Person	<u> </u>				
CINDY'S FL	ORIDA LLC		MU AMASE			
	Firm/Company					
8051 N. Tam	iami Trail STE E6					
	Address					
Sarasota, Flo	rida, 34243					
	City/State and Zip Code		<u> </u>			
reports@clou	adpeaklaw.com					
E-mail	address: (to be used for future annual re	port notifi	ication)			
For further i	nformation concerning this matter, pleas	e call:				
Andrew Piero	ce at	307	683-0983			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: pistration Section ision of Corporations Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the following amo	unt:				
■ \$	25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy			
INHS18 (2/14	4)					



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.	Na	me of the limited liability company: Sunset Paradise	Investm	ents	2 LLC	<u>. </u>			
2	(a)	8051 N. Tamiami Trail STE E6		(b)	8051 N. Ta	amiami Trail STE E6			
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)		Mailing address of (Note: MAY BE			
		Sarasota, Florida, 34243			Sarasota, F	Torida, 34243			
		10/15/2019		ì	и19000010	246			
3.		Date of filing/registration in Florida	4.	-		Document nun	nber		
5.	(a)	Garcia, Luisa Clemencia							
٥.	(2)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 11900 McGregor Boulevard			Dept. of State	- ::		2024 FEB	(FT-1
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	ALI AHASSEF E	E8 28	14 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Fort Myers, 1	FL_33919)		-	ABSS/	AH	
((b)	CINDY'S FLORIDA LLC					71-	8: 50	
	(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office	add	ress:	_			
		8051 N. Tamiami Trail STE E6							
		NEW Registered Office Address:			•	-			
		Sarasota , 1	34243 FL	3		-			
ch ag wi th	ange ent v as/we e arti	imited liability company is not organized under the le or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the true of a member of	he regist liability s of the l ne limite	erec cor limi d li	d office and npany, it is ted liability	d the business of thereby confirm y company or a	office of the ned that th s otherwise	e registe e chang e provid	red e(s)
I pr th to no	here ovisi e obl mer otified	ture of a member or authorized representative of a member by accept the appointment as registered agent and a constant of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change	gree to de le perfoi led for i I hereby	act rma n C. r co:	in this cape nce of my c hapter 605 nfirm that i	acity I further	naree to c	a m nlu w	ith the accept g filed seen