(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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Special Instructions to Filing Officer:
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J. HORNE
APR 1 0 2024

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RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 378491 8364597							
AUTHORIZATION: CAPULACION							
COST LIMIT : \$ 25.00							
ORDER DATE: March 26, 2024							
ORDER TIME : 3:45 PM							
ORDER NO. : 378491-012							
CUSTOMER NO: 8364597							
CHANGE OF AGENT							
NAME: SUNBEAM ASSET LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Amanda Miller							

EXAMINER'S INITIALS:

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.

Name of the limited liability company: SUNBEAM ASSET, LLC SUNBEAM ASSET, LLC								
2	(a)	206 WILD BASIN RD		(b)	206 WIL	D BASIN RD		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		STE 203			STE 203			
		AUSTIN, TX 78746			AUSTIN,	TX 78746		
		12/08/2020		ı	и2000001	1341		
3.		Date of filing/registration in Florida	4.	. –		Document number		
5.	(a)							
	, ,	eistered Agent and Registered Office shown on the records of the Florida Dept. of Stat ORPORATE CREATIONS NETWORK INC.			e:			
Registered Office Address (MUST BE FLORIDA STREET ADDRE						_		
		N PALM BEACH	FL_334	08		_		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				_		
the state of the s						202		
		Corporation Service Company			AP.			
		NEW Registered Office Address:				※キ プ ユ		
		1201 Hays Street		_		9 -		
		Tallahassee1	FL_323	01		FILED 2024 APR -9 PH 12: 46		
cha age wa	ange ent v s/we	mited liability company is not organized under the lor changes are made, the Florida street address of the title identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the members cless of organization or the operating agreement of the	he regis liability s of the	sterec y con : limi:	l office an ipany, it is ed liabilit	orida, it is hereby confirmed that after the d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
Jill Cilmi, Authorized Pers								
Signature of a member or authorized representative of a member Printed or typed name of signee								
pro the to	ovisi obli mere	by use ept the appointment as registered agent and a ons of all statutes relative to the proper and completigations of my position as registered agent as provicity reflect a change in the registered office address, in writing of this change.	ie perfo led for	rmai in Ch	ice of my a apter 605	duties, and I am familiar with and accept 5. F.S. Or. if this document is being filed		
Sig	<u>人</u> znatui	MCa. C. KNO.						
U	ace	E. Kîrby, Asst. Vice President	D	·) • •	. Tr.11 3	FI 22214		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 CSC 378491-12