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(((H23000413045 3)))



H230004130453ABCW

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Address:					
	Address:	Address:	Address:	Address:	Address:

LLC REGISTERED AGENT CHANGE SUNTUITY SOURCING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Corporate Filing Menu

CEC 0 5 2023 Help

K. Brumbl#y

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		COVER	LETTER				
	egistration Section vision of Corporations		·				
SUBJECT	Suntuity Sourcing LLC						
	Name of Limited Liability Company						
Dear Sir o	r Madam:						
The enclos	sed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.				
Please retu	ırn all correspondence concerning	g this matter to th	e following:				
Lori Whale	en						
	Name of Person		<u> </u>				
Registered	Agent Solutions, Inc.						
	Firm/Company						
Corporate (Center One, 5301 Southwest Pkwy, 5	Stc 400					
	Address		·····				
Austin, TX	78735						
~~	City/State and Zip Cod	le					
E-ma	il address: (to be used for future	annual report not	ification)				
For further	information concerning this mat	ter, please call:					
Lori Whale	ยก	888 at (705-7274				
	Name of Person	(Area Code & Daytime Telephone Number				
<u>M</u> :	ailing Address:		Street Address:				
Re	gistration Section		Registration Section				
	vision of Corporations		Division of Corporations				
	O. Box 6327		The Centre of Tallahassee				
Та	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
En	closed is a check for the follow	ing amount:					
٥	\$25 Filing Fee	ا ت	\$55 Filing Fee & Certified Copy				
INHS18 (2/	14)						

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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:Suntuity Sourci	ng LL(
2. (a)	2127 POUTE 25		(b)	2137 RO	UTE 35			· · · · · · · · · · · · · · · · · · ·
1-7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of (Note: MAY B		-	
	HOLMDEL, NJ 07733			HOLMDE	L, NJ 07733		· · · · ·	
	4/4/2023	_	M	123000005	5098			
3.	Date of filing/registration in Florida	4.			Document nu	mber		
5. (a)	Registered Agent and Registered Office shown on the records of TRAC - THE REGISTERED AGENT COMPANY Registered Office Address (MUST BE FLORIDA STREET) 236 E 6TH AVE			Dept. of State	- :: -			
	TALLAHASSEE , FI	3230)3		-		Ps-1	
(b)	Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : 2894 Remington Green Ln.						2023 DEC - 4 P	
	NEW Registered Office Address:						PH 3:	-
	Ste. A					•	: 26	
	Tallahassee, FI	3230	8					
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the l	ered com imite	office and pany, it is additional to the pany, it is addings to the pany of th	I the business of the hereby confirmation of the company of the co	office of t	he regi	stered nge(s)
/s/	Jaclyn Wright	J.	aclyr	Wright	A	uthorize	d Per	son
Signa	ture of a member or authorized representative of a member				Printed or typed	name of sig	nee	
provisi the obl to mere	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I i I in writing of this change.	ee to a perfor d for it tereby	ict in man Che conf	this capa ce of my d apter 605, irm that th	city. I further luties, and I an F.S. Or, if th he limited liah	agree to n Jamiliar is docume vility comp	comply with a ent is b pany ho	with the ind accept eing filed us been
<u> </u>	Mackenzie Hibler, Asst. Secre	tary						
Signatu	re of Registered Agent							