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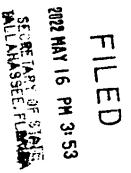
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporat	ion organized	07,1508, or 617,1508, Florida S Lunder the laws of the State of $\frac{1}{2}$ Lagent, or both, in the State of F	florida
	the corporation: Sunshine Insura	,	•	
	office address: 1950 S. Ocean D			
3. The mailing a	address (if different): 18242 SW	33rd Street, M	firamar, Florida	
4. Date of incor	8162			
	I street address of the current re tment of State: (If resigned, ent		t and registered office on file wi	th the
	Resigned			
				THE SECOND
				经是
6. The name and (if changed):		برد tered agent (i	A χεω CEC f changed) and /or registered off	SECRETARY OF STATE
	Pedro Sotomayor			. 5 5
	1950 S. Ocean Dr. #2N			- -
	Hallandale, Florida 33009	P.O. Box NO	H acceptable	
The street addre	ess of its registered office and the identical.	the street add	ress of the business office of its	s registered agent,
Such change wa	s authorized by resolution dul	y adopted by	its board of directors or by an ed in writing of the change.	officer so
	11/h/1.7		edro Sotomayor, 650	
Signatur	re of an officer or director		Printed or typed name and tit	ile .
I further agree i of my duties, an document is bei	the appointment as registered to comply with the provisions of all am familiar with and accept to reflect a chast been positived in writing of this	of all statutes of the obligat mee in the re	gree to act in this capacity. I relative to the proper and com- ion of my position as registered gistered office address, I hereb	plete performance Lagent. Or, if this we confirm that the
/	0/1/4/1	0	4/20/2022	
K igi	nature of Registered Agent		Date	
If signing on be	half of an entity:			
115	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *