P11000099167

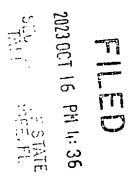
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only State Elph Hone 4)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				

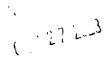
Office Use Only



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10/15/23--01016--003 **R5.00





COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Sunny's Soils & Services Inc.	
Name of Corporation	
DOCUMENT NUMBER: P11000099167	
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Alexis Maytin	
Name of Contact Person	
Firm/Company	
14300 SW 194 Ave	
Address	
Miami, FL 33196	
City/State and Zip Code	
fmaytin25@gmail.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter,	please call:
Felicia Maytin	at (786)3034700 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	e Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2F045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orgo r to change its registered office or regi.	unized under the laws of the State	e of Florida
1. The name of t	the corporation: Sunnys Soils & Services	s Inc.	
2. The principal Miami, FL 33190	office address: 14300 SW 194 Ave		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 11/16/2011	Document number: P110	000099167
	I street address of the current registered tment of State: (If resigned, enter resign		le with the
	Alexis Maytin		
	14300 SW 194 Ave		
	Miami, FL 33196		202 SE.
6. The name and (if changed):	I street address of the new registered ag	ent (if changed) and /or registere	ed office O
	Pedro Maytin		
	14300 SW 194 Ave		
	P.O. F	lox NOT acceptable	37
	Miami, FL 33196		
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office	of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopt ne board, or the corporation has been r	ed by its board of directors or b notified in writing of the change	y an officer so
	411/0	Alexis Maytin	
•	re of an officer or director	Printed or typed name	
I further agree (of my duties, an document is bei	the appointment as registered agent of the comply with the provisions of all stand I am familiar with and accept the oling filed merely to reflect a change in a been notified in writing of this change.	atules relative to the proper and bligation of my position as regis the registered office address. I h	t complete performance stered agent. Or, if this hereby confirm that the
		10 - 7 - Date	23
7	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Pedro Maytin			
Т	yped or Printed Name		

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