P170000 96830

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to 1 ming Officer.				

Office Use Only



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T SCHROEDER

COVER LETTER

TO: Amendment ! Division of C	Section orporations				
SUBJECT:	Sunset 75 Investr	_			
	Name of Corp				
DOCUMENT NUM	BER:P1700009	6830			
The enclosed Stateme	nt of Change of Registered Office/A	gent and fee are submitted for filing.			
Please return all corre	spondence concerning this matter to	the following:			
Francisco S Collavini					
Name of Contact Person					
	Firm/Comp	any			
PO Box 140069					
_	Address	·			
	Coral Gables, FL	33114-0069			
_	City/State and Z	ip Code			
cristymaustef@gmail.com					
E-mail address: (to be used for future annual report notification)					
For further information	n concerning this matter, please call:				
Fred	Segebre	786 274 0011			
Name o	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 cl	heck made payable to the Departmer	et of State.			
	Mailing Address:	Street Address:			
	Amendment Section Division of Corporations	Amendment Section Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

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

siatement of change	e is submitted for a corporatio	617.0502, 607.1508, or 617.1508, i on organized under the laws of the S	State of Florida
	_	or registered agent, or both, in the S	State of Florida.
1. The name of the	4=0.0	t 75 Investment Inc	
2. The principal off		cean Lane Dr # 903	
	Key Bis	scayne, FL 33149	
3. The mailing addr	ess (if different): PO Box	x 140069	
	Coral G	ables, FL 33114-0069	
4. Date of incorpora	tion/qualification: 12/06	5/2017 Document number:	P17000096830
5. The name and stre Florida Departme	eet address of the current regis nt of State: (If resigned, enter	Stered agent and registered office or	
	Cesar /	A Clavero	
12	34 S Dixie Hwy # 329	9, Coral Gables, FL 33°	146
	(Resi	igned)	
6. The name and stre (if changed):	et address of the new registere	ed agent (if changed) and /or registe	
	Payroll Do	one Corp	ered office
	5950 SW 74	ST #408	
		w NOT acceptable	_
	South Miami	, FL 33143	
The street address of as changed will be id	its registered office and the sentical.	street address of the business offic	e of its registered agent,
Such change was autauthorized by the Pos	horized by resolution duly addered, or the corporation has been	opted by its board of directors or ten notified in writing of the chang	by an officer so é.
Signard or all	Infeliteration All	Francisco Co	
performance of my di	ties and law Comition with	nt and agree to act in this capacity I statutes relative to the proper and and accept the obligation of my po I reflect a change in the registered fied in writing of this change.	d complete
tred	Hun	07/18/201	
Signature of	Registered Agent	Date	
f signing on behalf of	f an entity:		
Fred Se	gebre		
Typed or F	Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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