P20000041874

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



800348682758

07/28/20--01035--013 **35.00

FILED
2020 JUL 28 PH 4: 20
SECRETARY OF STATE

JQ 39/21/20

COVER LETTER

TO:	Amendment Section Division of Corporations
SHRII	ECT: SUNSHINE TEXTILES CORP
Name	of Corporation
DOCL	MENT NUMBER: 120000041874
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Name	ESTABLLA LABLANC of Contact Person
E:/6	
71111VC	211 NE 34TH COUNT
Addres	Company 2-11 NE 34TH COUNT is 11/11/10USIE PEINT, FL 33064 atd/and Zip Code
City/Si	ate/and Zip Code
E-mai	ELEDIANCE hwi with Comp l address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Ë	Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SUNISHINE IEXTILES CORP
2. The principal office address: 1915 BRICKBUL A VE SUITE C1402 MANNI, FL 33129
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/9/2020 Document number: P20000041874
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
ARTURO ALCANTARA
1915 BRICKELL AVA SUITACHOZ
MIAMI, FL. 33129
6. The name and street address of the new registered agent (if changed) and /or registered office of the control of the contro
P.O. Box NOT acceptable LighThouse Point FL 33067 28
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an Officer or director Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Estella Leblane 7-24-2020
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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