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(((H21000083310 3)))



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March 2, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUNSHINE BOUQUET COMPANY P.O. BOX 892 DAYTON, NJ 08810-0892US

SUBJECT: SUNSHINE BOUQUET COMPANY

REF: S76726

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

FAX Aud. #: E21000083310 Letter Number: 821A00004471

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

statement of ch	ange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statut mized under the laws of the State of Florid tered agent, or both, in the State of Florid	a
	the corporation: SUNSHINE BOUQUET		
	office address: 2011 NW 70 AVENUE M		
3. The mailing a	address (if different): P.O. BOX 892 DAY	/TON, NJ 08810-0892	
4. Date of incor	poration/qualification: 08/28/1991	Document number: \$76726	
5. The name and		agent and registered office on file with the	
	CORPORATION COMPANY OF MIAM	11	
	201 S. BISCAYNE BOULEVARD SUT	E 4100 (B1M)	7021
	MIAMI, FL33131		B
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered office co	1921 NG 900 PH 1:2
	Andrew Johnston	ن. ئا	営 五
	2011 NW 70th Avenue		7E
	P.O. Bo	x NOT acceptable	
	Miami, FL 33132		
The street addre	ess of its registered office and the street be identical.	address of the business office of its regis	stered agent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	I by its board of directors or by an office tified in writing of the change.	r so
- Cumanu	e of an officer or director	Cierra Mims- Attorney-in-fact	
l hereby accept I further agree to of my duties, and document is bein		Printed or typed name and title d agree to act in this capacity, utes relative to the proper and complete p gation of my position as registered agen e registered office address. I hereby conf	verformance t. Or if this firm that the
	(1)	03/01/2021	
Sign	usture of Registered Agent	Date	
f signing on bel	nalf of an entity:		
Cierra Mims- Spe	cial Secretary		
Ту	ped or Printed Name		

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

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