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## REGISTERED AGENT CHANGE

SUNSET GOLF COURSE, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607 this statement of change is submitted for a c	20502, 617.0502, 607.1508, or 617.1508, Florida Statutes, corporation organized under the laws of the State of	
Florida in order to change it	is registered office or registered agent, or both, in the State	
of Florida.		
1. The name of the corporation: Sunset Golf Course, Inc.		
2. The principal office address: 5309 E. Palomino Road  Phoenix, AZ 85018		
4. Date of incorporation/qualification _Oto	nt registered agent and registered office on file with it	
<ol><li>The name and street address of the current Florida Department of State:</li></ol>	nt registered agent and registered office on file with the	
	Tucker Moore	
16400 Galf Blvd		
N. Redddington Beach, FL 33708		
changed);	w registered agent (if changed) and for registered office (if T Corporation System	
c/a C T Corporation System		
(P.O. Box or personal melibox NOT acceptable) 1200 South Pine Island Road, Plantation, Florida 33324		
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.		
mathorized by the board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.  [Fig. Carbanish: [Fig. Carbanish: 1]]	
I have by accept the appointment as registed I further agree to comply with the provision performance of my duties, and I am familiar registered agent. Or, if this document is be office address, I hereby confirm that the co	red agent and agree to act in this capacity.  ns of all statutes relative to the proper and complete  ar with and accept the obligation of my position as  eting filed merely to reflect a change in the registered  erporation has been notified in writing of this change.	
By: (Signature of Registered Agent)	2/11/05 (Date)	
If signing on behalf of an entity:	CONNE BRYAN SPECIAL ASSISTANT SECRETARY	
(Typed or Printed Name)	(Capacity)	

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

Make Crecks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box:6327, Tallakassee, FL 32314

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