## Address

City/State/Zip

700002555277--2 -06/10/98--01097--001 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Phone #

1.		. <del>-</del>	
	(Corporation Name)	(Doc	ument #)
2.			
	(Corporation Name)	(Docs	ument #)
3.			
<del></del>	(Corporation Name)	(Doct	ument #)
4.			·
	(Corporation Name)	(Дось	iment #)
☐ Walk in	Pick up time		Certified Conv
<b>—</b>	_	7	
Mail out	₩ill wait	Photocopy	☐ Certificate of Status
Walk in Mail out	Pick up time Will wait	Photocopy	☐ Certified Copy ☐ Certificate of Status

NEW FILINGS
Profit
NonProfit
Limited Liability
Domestication
Other

ncelled Company	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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SEE, FLORIDA		ED

OTHER FILINGS
 Annual Report
Fíctitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
 Foreign
Limited Partnership
Reinstatement
 Trademark
 Other

R. A. Charge 6-18-98

Examiner's Initials



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 15, 1998

SUN CONTEMPORARY FURNITURE CORP. 7720 N. FEDERAL HIGHWAY BOCA RATON, FL 33487-8614

SUBJECT: SUN CONTEMPORARY FURNITURE CORP.

Ref. Number: H85550

We have received your document for SUN CONTEMPORARY FURNITURE CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$26.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

THE PAPERS SUBMITTED CONSITUTE 3 DIFFERENT FILINGS AT \$35.00 EACH. THE BEST WAY TO DO THIS WOULD BE BY FILING AN AMENDED ANNUAL REPORT.

Section 607.1622(7) or 617.1622(7), Florida Statutes, provides that a corporation may file an additional updated annual report. The enclosed annual report form can be used for designating the current names and addresses of the officers, directors and/or registered agent of the corporation. Please note the applicable filing fee is \$61.25.

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) 487-6880.

Karen Gibson Corporate Specialist

Letter Number: 698A00033258

## 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, the	æ
undersigned corporation organized under the laws of the State of <u>F19</u> submits the following statement in order to change its registered office or registered agent, or both, in the	-
State of Florida.	ies
1. The name of the corporation is: Sun Contemporary Furniture.	
Corp.	
2. The mailing address of the corporation is: 7720 N Federal Hwy	
Boza Raton, Fl 33487	
3. Date of incorporation/qualification: 11-15-1987 Document number: H-85550	
4. The name and address of the current registered agent and office:	
Graham Capozio	
Graham Capozio  7720 N Federal Hwy  Boca Raton, Fl. 33487  5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  Kathryn Capozio  7720 N. Federal Hwy	π
Boca Raton, Fl. 33487 题言	二
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	0
Kathryn Capozio	<u>}</u>
7720 N. Foderal Hwy 器	حرَ
Boca Raton, F1 33487	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	i
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
(Signature of an officer, Chairman or vice chearman (of the board)  (Date)	-
Kathryn Capoz (o, Pres., Treas., RA- G-14-98 (Printed or typed name and title) (Date)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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.	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Kathryn Capo 20 Pres, treas., RA (Typed or Printed Name) (Capacity)	٠.