P07000002258

•		•
(Reque	stor's Name	
(Addres	s)	····
(Addres	s)	
(City/Sta	ate/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Na	me)
(Docum	ent Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filin	g Officer:	
		•





600117811626

02/13/08--01009--005 **85.00

08 FEB 13 AM 9: 54
SECRETARY OF STATE ALLAHASSEE, FLORI

PA (hange 02/14/18

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: 9 SUNSHINE CRUISE VACATIONS (Name of Corporation)		
DOCUMENT NUMBER: PO 700000 2258		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Gregorio Silipo (Name of Contact Person)		
Sunshine Cruise Vacations (Firm/Company)		
2573 SW Calder Street (Address)		
Post St. Lucie FC 34953 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Gregorio Silipo at (772) 785-5193 (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 Amendment Section		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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 Florida-
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Sunshine Cruise Vacations Incorpora
2. The principal office address: 2573 SW Calder Street
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/5/2007 Document number: P07000002258
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Gregoria Silipa
2573 SW Calder Street
Port St. Lucie FC 34953
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Anna Ni La Gambina 2573 Sw Calder Street (P.O. Box NOT acceptable)
Port St. Lucie FC 34953 55 5
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. Compared to the change Compa
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.
Anne M Lambrus 2/11/08 (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 * * *