

P11 0000 40162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

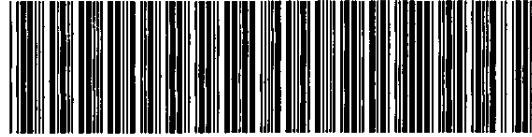
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SEP 23 2015
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUN AND FUN Realty PA,
Name of Corporation

DOCUMENT NUMBER: P11000040162

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Holsclaw
Name of Contact Person

Firm/Company

1679 Rushden Dr.
Address

Ocoee, FLA. 34761
City/State and Zip Code

barbih07@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Holsclaw at 321, 795-4959
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

~~4/26/2011~~

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 FLA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SUN AND FUN REALTY
- 2. The principal office address: 1679 RUSHDEN DR
OCCOEE, FLA 34761
- 3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 4/26/2011 Document number: P11000040162

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)

Barbara Holsclaw
1679 RUSHDEN DR
OCCOEE, FLA 34761

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Barbara Holsclaw, P.A
1679 RUSHDEN DR.
OCCOEE, FL 34761

P.O. Box NOT acceptable

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ATTN: ASSESSOR, FLORIDA

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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]
Signature of an officer or director

Barbara Holsclaw
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.

[Signature]
Signature of Registered Agent

8/27/15
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE