

FD4 000002712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

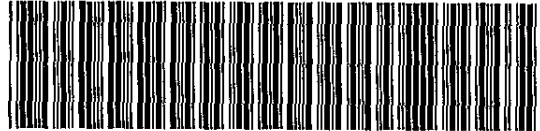
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/08/05--01065--020 \*\*35.00

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

Ps 8/9/05  
R4/100



## FILING REQUEST

August 3, 2005

FLORIDA DEPARTMENT OF STATE

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<i>Type of Filing:</i>	CHANGE OF AGENT
<i>Subject(s):</i>	SUN QRS POOL 2, INC.
<i>Form(s) Enclosed:</i>	STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT
 <i>Supporting Document(s):</i>	 NONE
<i>Check Enclosed:</i>	CHECK# 20019 FOR \$35.00
<i>Return Via:</i>	REGULAR MAIL - SASE ATTACHED
<i>Filing Method:</i>	ASAP

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PLEASE RETURN TO: PREMIER CORPORATE SERVICES, INC.  
590 PARK STREET, SUITE 6  
ST. PAUL, MN 55103

Please call me at **1-800-227-1256** if there are any questions.

Thank you!

**Melissa Hobbs**

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

1. The name of the corporation: Sun QRS Pool 2, Inc.
2. The principal office address: 27777 Franklin Road, Suite 200, Southfield, MI 48034
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/17/2004 Document number: F04000002712

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

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

NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
(P.O. Box or personal mailbox NOT acceptable)  
Weston, FL 33331

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 of an officer or director)

Jonathan Colman, Vice President  
(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.*

NRAI Services, Inc.  
by:   
(Signature of Registered Agent)

8-2-05  
(Date)

If signing on behalf of an entity:

Sue Johnson  
(Typed or Printed Name)

Assistant Secretary  
(Capacity)

\* \* \* 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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