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FILING REQUEST

August 3, 2005

FLORIDA DEPARTMENT OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

SUN QRS POOL 1, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

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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

	•	002, 607.1508, or 617.1508, Florida Statutes, this sta	•
-	utea jor a corporation organizea unaer gistered office or registered agent, or bo	the laws of the State of <u>Michigan</u> oth, in the State of Florida.	in order
1 The name of	the corporation: Sun QRS Pool 1, Inc	•	
	office address: 27777 Franklin Road		
z. The principal	office address. 21111 I talking today	, butte 2001 boutimeta, mi 40004	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 05/17/2004	Document number: F04000002711	
	d street address of the current registered rtment of State:	agent and registered office on file with the	
	CT Corporation System	TALL S	}
	1200 S. Pine Island Road	CAR	5 1
	Plantation, FL 33324	PSS.	8
6. The name and (if changed):		ent (if changed) and /or registered office	FD 2: 00
	NRAI Services, Inc.	- Or	1
	2731 Executive Park Drive, Suite	4	
	(P.O. Box or personal	al mailbox NOT acceptable)	
	Weston, FL 33331		
The street addre	ess of its registered office and the stree identical.	et address of the business office of its registered ago	ent, as
Such change wathe board, or the	as authorized by resolution duly adopt e corporation has been notified in writ	ted by its board of directors or by an officer so auth ting of the change.	orized by
150	Signature of an officer or director)	Jonathan Colman, Vice President (Printed or typed name and title)	
I further agree duties, and I an being filed mer been notified in		and agree to act in this capacity. atutes relative to the proper and complete performa ion of my position as registered agent. Or, if this d d office address, I hereby confirm that the corporat	ince of my ocument is tion has
NRAI Services by:	inc. Su panson	8.2.05	
	(Signature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
Sue Johnson		Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	