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	equestor's Name)	
(Re	equestor's ivame)	
-		
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(, .,	
(Dr	ocument Number)	
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amen Divis	diment Section ion of Corporations	
	he Sun Conference	
SUBJECT:_	Name of Corpor	ation
	N98000005721	
DOCUMEN'	T NUMBER:	
The enclosed	Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
	all correspondence concerning this matter to the	-
	Dustin Wilke	
	Name of Contact	Person
	The Sun Conference	
	Firm/Compa	ny
	1201 N. Scenic Hwy	•
	Address	
	Babson Park, Florida 33827	
	City/State and Zi	p Code
	dustin.wilke@gmail.com	•
	E-mail address: (to be used for futur	e annual report notification)
For further in	nformation concerning this matter, please call:	
Dustin Wil	· -	402 617-3853
	Name of Contact Person	t () Area Code & Daytime Telephone Number
Enclosed is	a \$35.00 check made payable to the Departmen	nt of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chair	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingression of the State of Florida ingression organized under the laws of the State of Florida in the control of the State of Florida.	
The Sun Conference 1. The name of the corporation: 18737 WIMBLEDON CIRCLE, LUTZ, FL 33558 2. The principal office address:		
3. The mailing a	ddress (if different):	
4. Date of incorp	oration/qualification: Document number: N98000005721	
	street address of the current registered agent and registered office on file with the truent of State: (If resigned, enter resigned) Mark Pope	
	18737 WIMBLEDON CIRCLE	
	LUTZ, FL 33558	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	Dustin Wilke	
	1201 N. Scenic Hwy	
	P.O. Box NOT acceptable Babson Park, Florida 33827	
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
But	fil Brid Nie Brammer	
I hereby accept I further agree t performance of	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and camplete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.	
Dint	5 WM 8/17/18	
If signing on bel	nalf of an entity:	
Ту	ped or Printed Name	

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