I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW L GROSS

Electronic Signature of Signing Officer/Director Detail

Ρ

08/24/2015

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Officer/Director Detail :

Title	CD	Title	DP
Name	GROSS, NORMAN J	Name	GROSS, ANDREW L
Address	P.O. BOX 887	Address	P.O. BOX 917297
City-State-Zip:	FAIRFAX VA 22038	City-State-Zip:	LONGWOOD FL 32791
Title	DST	Title	D
Title Name	DST GROSS, LAURA	Title Name	D LOVELACE, KENT
			-

Electronic Signature of Registered Agent

2015 FOREIGN PROFIT CORPORAT	ION ANNUAL REPORT

DOCUMENT# F04000005417

Entity Name: SUNSHINE RESTAURANT CORP

Current Principal Place of Business:

195 WEKIVA SPRINGS ROAD SUITE 200 LONGWOOD, FL 32779

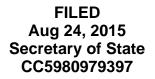
Current Mailing Address:

P.O. BOX 917297 LONGWOOD, FL 32791 US

FEI Number: 56-2370654

Name and Address of Current Registered Agent:

GROSS, ANDREW 195 WEKIVA SPRINGS ROAD SUITE 200 LONGWOOD, FL 32779 US



Date