A0500001240

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	ısiness Entity Nar	ne)·	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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B. KOHR

MAY - 4 2009

EXAMINER





UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

May 1, 2009

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Suncal Properties, Ltd.				
	Filing Evidence Plain/Confirmation Cop	Type of Docum y □ Certificate of Sta		
	7 min communication cop		1.67. 09.	
	□ Certified Copy	□ Certificate of G	od Standing	
		□ Articles Only	SSCRO	
		☐ All Charter Doc	uments to Inclu	
	Retrieval Request	Articles & Amer	Z	
	□ Photocopy	□ Fictitious Name	Certificate	
	☐ Certified Copy	□ Other		
	NEW FILINGS	AMENDMENTS		
	Profit	Amendment		
	Non Profit	Resignation of RA Officer/Director		
	Limited Liability	Change of Registered Agent		
	Domestication	Dissolution/Withdrawal		
	Other	Merger		
	OTHER FILINGS	REGISTRATION/QUALIFICATION		
X	Annual Reports	Foreign		
	Fictitious Name	Limited Liability		
	Name Reservation	Reinstatement		
	Reinstatement	Trademark		
		Other		

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

	00
Pursuant to the provisions of section 620.1115, partnership or limited liability limited partnersh change its registered office or registered agent, or	ip submits the following statement in order to
1. Suncal Properties , Ltd.	The second secon
Name of Limited Partnership or L	imited Liability Limited Partnership
_{2.} 6/17/2005	3 A05000001240
Date of filing/registration in Florida	Florida document number
4. The name of the registered agent and the registered Department of State:	ed office address as shown on the records of the Florida
UCC Filing & Sea	rch Services, Inc.
	ame
1574 Village SQ B	
	Idress
Tallahassee, Fl 32	· · · · · · · · · · · · · · · · · · ·
City, Sta	ate and Zip
5. The name and Florida street address of the new re	egistered agent and/or office:
Sherrie Hines	
N	ame
1072 Peninsula D	r.
Florida street address ((P.O. Box not acceptable)
Ormond Beach City, St.	FL 32174 ate and Zip
6. Such change(s) is/are effective when filed by the Signature of General Partner I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with an accept the obligations of notices. Signature of Registered Agent	— and agree to act in this capacity. I further agree to the proper and complete performance of my duties,
Filing Fee: \$35.00 Certified Copy (optional): \$52.50	