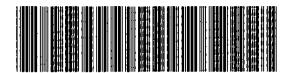
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

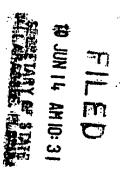


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06/14/10--01034--022 **35.00



J. BRYAN

JUN 1 6 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Sunrise Spo	rts & Entertainment LLLP
Name of Limited Partnershi	p or Limited Liability Limited Partnership
DOCUMENT NUMBER:	B10000000039
The enclosed Statement of Change of Regifee(s) are submitted for filing.	stered Office and/or Registered Agent and
Please return all correspondence concernin	g this matter to:
Catherine P. Stevensor	
Contact Person	
Sunrise Sports & Entertainn	ment
Firm/Company	
One Panther Parkway	
Address	ment July 1
Sunrise, FL 33323	
City, State and Zip Code	
stevensonc@sselive.	
E-mail address: (to be used for future annual r	report notification)
For further information concerning this ma	tter, please call:
Charles E. Wildermuth	at (954) 835-7619
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable t	to the Florida Department of State.
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327
2001 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1St	unrise Sports & Ente	<u>ertainme</u>	ent LLLP		
Name of I	Limited Partnership or Limited	Liability Li	mited Partnershi	p	
2. March 1	, 2010	3.	B100000	00039	
Date of filing/registi	ation in Florida		Florida docume	nt number	
4. The name of the registered Department of State:	d agent and the registered offic	e address as	s shown on the re	cords of the Florida	
<u></u>	National Corporate Res	earch, Lt	d., Inc.		
	Name		· ·		
	515 East Park	Avenue			
	Address				
·	Tallahassee, FL	_ 32301		1	
	City, State and	Zip			
5. The name and Florida stre	eet address of the new registere	ed agent and	l/or office:		<u></u>
	Charles E. Wild	ermuth		新	
	Name			AM 10: 3	111
	One Panther Pa	arkway	•	Es 0	C
	Florida street address (P.O. B	Box not acce	ptable)	元 公	
	Sunrise, FL	FL	33323	3	
	City, State and	l Zip			
Signature of General Partner I hereby accept the appointm comply with the provisions of	nent as registered agent and ag of all statutes relative to the pro- cept the obligations of my posi	gree to act in oper and con	n this capacity. I		- -

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50