

(((H20000093291 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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rmall	AUULESS:			

## REGISTERED AGENT CHANGE SUNRISE NETWORK SOLUTIONS, INC. OF FLORIDA

Certificate of Status	0
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## H20000093291 3

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

15129570210

SUBJECT: Sunrise Network Solutions, Inc. of Florida	
Name of Corporation	
DOCUMENT NUMBER: F15000002280	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd. Suite 300	
Address	
Austin, Texas 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mary Castillo  Name of Contact Person  at (888 ) 705-7274  Area Code & Daytime Telephone N	
Name of Contact Person Area Code & Daytime Telephone N	lumber
E. Landin (2000) Last and Lands Danier of Con-	

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:** 

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

15129570210

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

statement of chai	provisions of sections 607.05 nge is submitted for a corpo r to change its registered off	ration organi:	ed under the la	iws of the State o	of Florida	is 
2. The principal	he corporation: Sunrise office address: 5701 SU SPRINGS, MS 3	<u>JNTECH</u>		ns, Inc. of	Florida	
	ddress (if different): $\underline{P.O.}$		242 OCE	AN SPRI	<u> NGS, MS</u>	<u>3 395</u> 64
4. Date of incorp	poration/qualification: $5/2$	2/2015	Document	number: F15	0000022	280
	street address of the current tment of State: (If resigned,		•	red office on file	with the	
	Sunrise Netwo	rk Solut	ions, Inc	of Florid	at	
	805 James Lee Rd	-	·- <del>-</del>			202
	Ft Walton Beach		FL	32547	— LAHA	2020 MAR
6. The name and (if changed):	Registered Age 155 Office Plan Tallahassee	ent Solu za Dr.	tions, Inc	C. A	office F.F.CORIDI	26 AHII: 43
The street addre	ess of its registered office ar				 f its registero	d agent,
_	s authorized by resolution one board, or the corporation					
/s/ Joshua K	L. Bowie			. Bowie		resident
l further agree t of my duties, an document is beit	the appointment as register to comply with the provision d I am familiar with and ac ng filed merely to reflect a been notified in writing of	is of all statu cept the oblig change in the	agree to act ir tes relative to t cation of my po registered offi	n this capacity, he proper and c sition as registe ce address, I he	omplete perfored agent. O reby confirm	ormance or, if this that the
Hode	augustered Agent		3/26/202	20		
Sign	nature of Registered Agent	<del></del>		Date		
If signing on bel	half of an entity:					
	Assistant Secretary					
Ty	yped or Printed Name					
	***	FILING FEI -	E: \$35.00 * * *	_		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)