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To:

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REGISTERED AGENT CHANGE SUNSHINE NETWORK, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

	ent Section of Corporations	
SUBJECT:_	Sunshine Netwo	ork, Inc.
	Name of Co	proration
DOCUMENT N	UMBER:	K03823
The enclosed Stat	tement of Change of Registered Office	Agent and fee are submitted for filing.
Please return all c	correspondence concerning this matter	to the following:
·	Name of Con	tact Person
		•
	Firm/Con	припу
	Addr	256
	·	
	City/State and	Zip Code
	sandy. wallace @fox	(,com
•	E-mail address; (to be used for fu	ture annual report notification)
or further inform	ation concerning this matter, please ca	n:
		4 6
Nn	me of Contact Person	Area Code & Daytime Telephone Numb
inclosed is a \$35.0	00 check made payable to the Departm	ant of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building 2661 Executive Center Circle
	Tallahassee, FL 32314	Tallahassee, FL 32301

F&006 - 03/86/2009 © T System Online

CR2E045 (8/05)

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

statement of cha	nge is submitted for a co	orporation organiz	607.1508, or 617.1508. Flori ad under the laws of the State ad agent, or both, in the State	of Florida
1. The name of 6	te corporation; Sunshine	e Network, Inc.		·
	O BLVD. LOS ANGELI			
3. The mailing ac	idress (if different):			
	0 ATTN: TAX DEPT BI			
4. Date of incorp	oration/qualification:	11/19/87	Document number	K03823
5. The name and Florida Depart	street address of the cur ment of State: (If resign	rent registered ages led, enter resigned)	nt and registered office on file	with the
•	Corporation Sarvice Con	npany		
	1201 HAYS STREET TA	allahasseb fl	32301-2525 US	
•	C T Corporation System olo C T Corporation Syst	iam, 1200 South Pin		
•	Plantation, Florida 33324	P.O. Box NOT no		
			iress of the business office of y its board of directors or by ed in writing of the change.	
M	Mars		Mark Eppley, Vice	President
hereby accept il further agree to further agree to find auties, and locument is being corporation has be	ordiction whiteler as appointment as rest complywith the provi I an familiar with and filed merely to reflect teen notified in writing gonation System	stered agent and a stons of all statute accept the obliga t a change in the re of this change.	Plined or typed name ar gree to act in this capacity, relative to the proper and c tion of my position as registe gistered office address, I he	
3y: 1/2/37	Marion System		07/20/2009	<u> </u>
signing on beha	ine of Registered Agent		Date	
legan G. Ware				
istant Secreta	d pr Printed Name			
	· .	* Filing Fee:	\$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)