K14050

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LONGWOOD, FLORIDA 32750

Спугататогатр —

CR2E031(7/97)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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1. (Corporation Name)	(Document #)	<u>************************************</u>	
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NEW FILINGS	<u>AMENDMENTS</u>		
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other	Amendment t for Profit nited Liability mestication Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal		
OTHER FILINGS	REGISTRATION/QUALIFICATION		
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	T. LEWIS MAR ,1 5 2001	
		Examiner's Initials	

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

	e provisions of sections (d corporation organized t			Florida Statutes,
_	lowing statement in order	•		agent, or both, in
1. The name of	the corporation: SU	NSTATE INSTALLERS	, INC.	
2. The mailing	address of the corporation	ı: 244 William A	venue, Apopka, Fl	32712
3. Date of inco	orporation/qualification: _	01-14-1988	Document number:	K14050
4. The name ar	nd address of the current r	egistered agent and offi	ce:	
	Roger R. Corey	••		
	244 William Ave	nue		
	Apopka, FL 3271			75 C
5. The name ar	nd address of the new regi	stered agent (if change		ice (if changed):
	John A. Hunt	. O. Box Not Acceptab	ie)	1555 TE
			.	TO E O
	100 Eastpark Cr	escent		
	Celebration, FL			200 =
The street addragent, as chang	ress of its registered offic ged, will be identical.	e and the street addres	s of the business offic	e of its registered
Such change wanthorized by	vas authorized by resolut	ion duly adopted by its	board of directors or	oy an officer so
e Ill	n A WI		3 -	7 01
(Signature	e of an officer, chairman or vice o	hairman of the board)	(Dat	e)
JOHN	A HUNT		,	
Having been r	(Printed or typed name ar		of process for the abo	ove stated
corporation, I I further agree performance of registered age	named as registered agen hereby accept the appoint to comply with the prov of my duties, and I am far	ntment as registered as isions of all statutes re niliar with and accept	ent and agree to act i lative to the proper ar the obligation of my p	n this capacity. id complete osition as
~ John	- A D/		3 7 01	
<u> </u>	(Signature of Registered Agent)		(Date)	
If signing on beh	alf of an entity:			
John A. H	Iunt (Typed or Printed Name)	Reg.	stered Agent (Capacity)	
	* * *	FILING FEE: \$35.0) * * *	
CR2E045(9/00)	DIVISION OF CORPORATIONS	P.O. Box 6327	Tallahassee, FL 32:	314