5975 SUNSET DRIVE • SOUTH MIAMI • FLORIDA 33143 TELEPHONE (305) 666-6000 • FAX (305) 666-0474 E-MAIL:kinglan@bellsouth.net

MARSHALL KING KENNETH G. LANCASTER

> 00189 - 00524-00671 form

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August 17, 2001

L01000008686

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29.00

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Sunshine Marketing Solutions, LLC

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent, along with our check for the filing fee.

If you should have any questions or comments, please do not hesitate to contact our office.

Very truly yours,

King & Lancaster, P.A.

Bv:

Maria Manteiga, Paralegal

gal

SEP 19 PM 4: 2

MM Enc.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 23, 2001

MARIA MANTEIGA KING & LANCASTER, P.A. 5975 SUNSET DRIVE SOUTH MIAMI, FL 33143

SUBJECT: SUNSHINE MARKETING SOLUTIONS, LLC

Ref. Number: L01000008686

We have received your document for SUNSHINE MARKETING SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change the Registered Agent for an LLC you must complete the attached form. The one submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 701A00048288

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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1. The name of the limited	d liability company i	s: SUNSHINE MARKETIN	NG SOLUTIONS	S LLC	· · · · · · · · · · · · · · · · · · ·
2. The mailing address of	the limited liability	company is: 13443 SV	<u>W</u> 152 LANE,	SUITE 160	2
MIAMI, FLORIDA	33177				
MAY 29, 2001		L01000008	B686 .	_	<u>.</u> .
3. Date of filing/registration in Florida			ment number		
5. The name of the register Florida Department of S	red agent and the reg State:	ristered office address as	shown on the	records of th	ne
•	ERNESTO R	RECAMAN			
		Name			
8827 SW 214 STREET				•	
		Address		·	
_	MIAMI, FLORID		<u> </u>		
	City	, State and Zip		=	
6. The name and address o	f the new registered	agent and/or office:		OI SEP SECRET	
	JAIRO LAF	AURIE		F P	ر ا
-		Name		ARY ASSET	
	13443 SW 152	LANE, SUITE 1602			
•		ss (P.O. Box NOT accep	table)	FLO FLO	
		` .	•		
_	MIAMI,	FL 33177		DE W	
	City,	State and Zip			•
If the limited liability components that after the chand the business office of the liability company, it is here of the members of the limit of the operating agreement	ange or changes are the registered agent we confirmed that the liability companies.	made, the Florida street a will be identical. Or, in the ne change(s) was/were au ny or as otherwise provide	address of the he case of a Fl athorized by a	registered of lorida limited n affirmative	fice d vote
(Signature of a member or authori	zed representative of a me	mber)		-	,
JAIRO LAFARAURIE					. –
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or lift the address, I hereby confirm to (Signature of Registered Agent)	itment as registered of all statutes relative accept the obligation is document is being that the limited liabil	agent and agree to act in ve to the proper and com ns of my position as reging filed to merely reflect a style company has been no			gree to uties, or in ffice inge.
(pignature of vestpreten (pgul)	1	117			
n:1.:		O D (000 m 11 1	VIV 0001		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314