L01000020496

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SECRETARY OF STATE DIVISION OF CORPORATIONS

Office Use Only





July 20, 2005

Amendment Section Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

Sunrise Atlantic, LLC

Document No. L01000020496

To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Office/Agent for filing with your office, along with our check in the amount of \$25.

If you require further information, kindly contact the undersigned at:

BankAtlantic 2100 West Cypress Creek Road Fort Lauderdale, FL 33309

Phone: 954-940-6398

Thank you for your attention to this matter.

Very truly yours

Janet Quinn

Paralegal

/jlq Enclosures

7 days a week.

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.

1. The name of the limite	ed liability company is:	Sunrise A	Atlantic, LLC		
2. The mailing address of	f the limited liability cor	npany is:	2100 West Cypress Creek I	Road	
Fort Lauderdale, FL 3					
11/28/01			L01000020496		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of	State:	ered office	address as shown on the record	ls of the	
	St. John Daugherty				
	2100 West Cypress	Name Creek Roa	ad		
	Fort Lauderdale, FL			05 J	SEC 335
	•	tate and Zi	•	¥	22
6. The name and address of the new registered agent and/or office:				26	
	James A. White			3	Y OF SIA
	2100 West Cypress	ame Creek Roa	ad	င်္သ င်္	STATE
•	Florida street address (P.O. Box I	NOT acceptable)	€.3	Tr.
	Fort Lauderdale,	FL 3330	9		
	City, Sta	ite and Zip			
confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of	ange or changes are made the registered agent will be by confirmed that the classified liability company or as fithe limited liability con	ie, the Flor be identica hange(s) w otherwise	vs of the State of Florida, it is hida street address of the registe al. Or, in the case of a Florida las/were authorized by an affirm provided in the articles of orga	red offic imited native vo	ote of
(Signature of a member or authoriz					
James A. White, Manag	ger		9		
(Printed or typed name of signee)		_		_	
	ntment as registered ages of all statules relative it of all statules relative it accept the obligations on its document is being file that the limited liability of the l	nt and agree of the property has been appeared to the property of the property	te to act in this capacity. I furt, ir and complete performance of on as registered agent as proving reflect a change in the registers been notified in writing of the	her agre f my dut ided for ered offi is chäng	re to ies, in ce ze.
(Signature of Registered Age (t)					

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

FILING FEE: \$25.00

INHS18(10/99)