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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations	uring the second se
SUBJECT: Sun Professiona (Name of L	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Don Tanner (Name of Person) Sun Professional Su (Firm/Company) 6875 P. O. Box 6875 (Address)	FILED 2006 OCT -2 P 3 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Tacksonville, FL (City/State and Zip Code)	32236
For further information concerning this matter	er, please call:
Don Tanner (Name of Person)	at (904) 813 - 1882 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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	d liability company i	is: <u>Sun P</u> r	ofessiona	7 Zubb	ly LLC	•-
2. The mailing address of				-	-	
-			Tackson			
04/08/03				00126		
3. Date of filing/registrati	on in Florida		4. Documen		- J W	
5. The name of the registe Florida Department of S		gistered office	address as sho	own on the	records of th	e
•	Business Fil 1203 Go	lings Inco Name	reporated			=
					te 101	
	Tallahass Cit	y, State and Z	32301 ip	T SEC		
6. The name and address of	_	-	office:	2001 OCT -2 SECRETARY NLLAHASSE	FILED	
	Don To	Name		mo	m	
	5466 W	est Bear	ver Street	T S T S	O	
	Florida street addre	ess (P.O. Box	NOT acceptai			
	Tacksonville	L, FL	32254	>		
	Tackson ville City	, State and Zip)			
If the limited liability com confirmed that after the cland the business office of liability company, it is her of the members of the lim or the operating agreement	npany is not organize nange or changes are the registered agent reby confirmed that the liability compant of the limited liabil	ed under the la made, the Flo will be identic the change(s) my or as othery lity company.	ws of the State orida street add cal. Or, in the was/were auth	e of Florida, lress of the case of a Fl orized by ar	registered of orida limited n affirmative	i vote
(Signature of a member or author	ized representative of a mer	mber)	<u>·</u>			
Don Tan	ner			*	•	
(Printed or typed name of signee)						
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	s of all statutes related accept the obligation in the control of	tivě to the proj ons of my post va filed to mere	per and compl ition as registe elv reflect a ch	ete përform ered agent a iange in the	ance of my a us provided fo registered o	luties, or in ffice
(Signature of Registered Agent)	~					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00