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TO:

Division of Corporations

Fak Number

: (850)205-0380

From:

Account Name : NILLIAM F. GREGORY, F.A.

Account Number : I19990000231 Thone : (813)251-8631

Fex Number : (813)253-2047

L04-48644

REGISTERED AGENT CHANGE

SUNSET BRISAS, LLC

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https://efile.sunbiz.org/scripts/efileovr.exe

10/11/2004

H040002031883

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

Pursuant to the provision liability company submit	ons of sections 60 ts the following st	08.416 or 608.508, Florida State Externent in order to change its r	utes, the undersigned limited egistered office or registered			
		ny is: Sunset Brisas, L.L.C.				
2. The mailing address of	f the limited liabili	ity company is: 7501 West HI	Isborough Ave.,			
Tampa, FL 33615						
June 29, 2004	L04000048	544				
3. Date of filing/registrat	tion in Florida .	4. Document	number			
5. The name of the regist Florida Department of		registered office address as show tel S., Esq.	n on the records of the			
	317-71st Stree	Name at				
	Miami Beach, I	Address	–			
		City, State and Zip				
6. The name and address	of the new register	red agent and/or office:				
	Gregory, Willia	ım P.				
	715 Swann Ave	Name 5.				
	Florida street address (P.O. Box NOT acceptable)					
	Tempa	FT 33606	, D			
	C	ity, State and Zip	- 24 Paris			
confirmed that after the cland the business office of liability company, it is he	hange or changes a the registered ager reby confirmed that d liability company of the limited liability		as of the registered office see of a Florida limited seed by an affirmative vote of			
William P. Gregory	<u> </u>		d.			
(Frinted or typed name of signee)						
comply with the provision and I am familiar with an Chapter 608, F.S. Or, if tuddress, I hereby confirm	ntment as register; s of all statutes rei dacept the obligation his document is be that the limited lia	ed agent and agree to act in this lative to the proper and complete stillness of my position og registere sing filed to merely reflect a chan ablily company has been notified.	capacity, I further agree to performance of my duties, a agent as provided for in the registered office in writing of this change.			
(Signature of Registered Agent)						
Divisio	n of Corporations	s, P.O. Box 6327, Tallohassee, l	L 32314			
NRS(8(10/99)	FI	LLING FEE: \$25.00				

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