## L05000001975

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
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LBRYMI NUN 1-6 2005.

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Sunflow Technologies, LL (Name of	C Limited Liabil	lity Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change	e and fee(s) are submitted	d for filing.
Please return all correspondence concerning	g this matter to	the following:	
Rick Martin			
(Name of Person)	······································	<del></del>	
			PILEU 19 2005 NOV - 8 AM 12: 19 DIVINITION CORFORATION
Sunflow Technologies, LLC			是查看不
(Firm/Company)	<del> </del>		量常でア
			SSS 8 T
23032 Tree Crest Court			
(Address)	,	<del></del>	7.68
			월일 :0
Bonita Springs, FL 34135			75
(City/State and Zip Code)	· <del>** </del>	<del></del>	
For further information concerning this ma	itter, please call	<b>l:</b>	
Rick Martin	at (239	) 949-1995	
(Name of Person)		(Area Code & Daytime	Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314	
Enclosed is a check for the follow	ing amount:		
✓ \$25 Filing Fee	☐ \$ <sup>4</sup>	55 Filing Fee & Certifie	d Conv

## 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 is: Sunflow T	echnologies, LLC			
2. The mailing address of	f the limited liability company is	23032 Tree Crest Cou	ırt		
Bonita Springs, FL 34135					
January 6, 2005		L05000001975			
3. Date of filing/registrat	ion in Florida	4. Document numb	per		
5. The name of the register Florida Department of	ered agent and the registered office State:	ce address as shown or	the records of the		
•	CORPORATION SERVICE	COMPANY			
	Name 1201 HAYS STREET				
	Address		 <b>يم</b> ر		
TALLAHASSEE, FL 32301					
	City, State and	Zip	世 も で		
6. The name and address of	of the new registered agent and/o	r office:	THIS NOT SEE, FLORIDA		
	Rick Martin		SAN E		
	Name	<del></del>	100 10		
	23032 Tree Crest Court		927		
	Florida street address (P.O. Bo	x NOT acceptable)	D.F.		
	Bonita Springs FL 34	135			
City, State and Zip					
confirmed that after the chand the business office of	npany is not organized under the nange or changes are made, the F the registered agent will be idented to confirmed that the change(suited liability company or as other of the limited liability company or as other to the limited liability company	lorida street address of	f the registered office f a Florida limited		
Dick Mortin	•				
Rick Martin (Printed or typed name of signee)	**************************************	<del>-</del> · .	s w		
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, thereby confirm	intment as registered agent and a s of all statutes relative to the pr d accept the obligations of my po his document is being filed to me that the limited liability compan	igree to act in this cap oper and complete per sition as registered as rely reflect a change i y has been notified in v	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.		

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