105000012004

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT .	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
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SECRETARY OF STATE GEVISION OF CORPORATIONS



J. BRYAN

MAY 1 5 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2008

DANIEL YOUNG SUNSET VACATION HOMES LLC 52 RILEY ROAD, UNIT 327 CELEBRATION, FL 34747

SUBJECT: SUNSET VACATION HOMES, LLC

Ref. Number: L05000012004

We have received your document for SUNSET VACATION HOMES, 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):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 508A00020253

Hank you Joen,
Please Sue ackached.

Resads.

DAMEN YOUNG - (407 451 0090).

P.S. You SKITI have the Payment?

DIVISION OF THE PH 1: 4:

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SUNSET VACA	ed Liability Company)		
Dear Sir or Madam:	•		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
DANI ST JOHN G (Name of Person)	OR HAY ILL PH		
SLNSET VACADON HONES (Firm/Company)	LL C		
215 CELBRATION PLACE,	526E 500 5		
CEEBRATION FOR 15A 3 (City/State and Zip Code)	<u>474</u> 7		
For further information concerning this matter, ple	ease call:		
DANIEL JONN G at (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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following am	ount:		
\$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 limited liab	ility company is:	SUNSET V	AZMION H	fon ES LLC
2. The mailing address of the li	imited liability comp	oany is : 215 C	ELESRATIO	~ PLACE
SUKE # 500;	CELESRATI	10N, FL 34	747	,
03/08/2005		L 0	ا د د د ک	2004
3. Date of filing/registration in	Florida	4. Docum	ent number	
5. The name of the registered a Florida Department of State:				ords of the
<u></u>	EL E 22 15 (2 N) City, Sta	134 + 4953 dame Solution 1 327 Iddress A 74747 ate and Zip out and/or office:	7	SECRETA SECRETA OF OR MAY 1
Flor	Nar CELEBRASI rida street address (F	in and/or office:	otable)	RY OF STATE CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

DANIEL YOUNG

(Signature of Registered Agent)

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