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205 223 -8 A 19 25 SECRETARY OF STATE

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.

agent, or both, in the State	•	ur event ve animge via vage		33	•
1. The name of the limited	i liability company is:	Sunrise/Sunset, LLC			•
		mpany is: P.O. Box 630, E	astpoin	t, FI 32	2328
2/4/2005 L05000013407					
3. Date of filing/registration in Florida		4. Document nur	nber		
5. The name of the registe Florida Department of S		tered office address as shown	on the r	ecords (of the
	Odridia D. Woody	Name	-		
	140 Griffin Avenue	Name			
	Port St. Joe, Florida		•		
	City,	State and Zip	•		
6. The name and address	of the new registered as	gent and/or office:			
	Sandra D. Moody				
	1752 Lilac Lane	Name	77.VI 338	2 555	and the same of th
	Florida street address	s (P.O. Box NOT acceptable)			
	St. George Island	FL 32328	- 24 - 78	ထ	L .
	City, S	tate and Zip		\triangleright	e g Stratus Gusta
and the business office of liability company, it is he	hange or changes are made in the registered agent with reby confirmed that the deliability company or	under the laws of the State of tade, the Florida street address ill be identical. Or, in the case change(s) was/were authorize as otherwise provided in the a ompany.	of the second of a Fl ed by ar	register lorida li 1 affirm	ed office mited ative vote of
(Signature of a member or author	rized representative of a member	er)			
Sandra D. Moody	U				
(Printed or typed name of signee)				
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered a ns of all statutes relativ nd accept the obligation this document is being n that the limited liabili	gent and agree to act in this c e to the proper and complete is of my position as registered filed to merely reflect a chang ty company has been notified	apacity perform l agent o ge in the in writi	I furth ance of as provi registe ng of th	her agree to f my duties, ided for in ered office iis change.

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

INHS18(10/99)

(Signature of Registered Agent)