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SECRETARY OF STATE TALLAHASSEE. FLORIDA

V55 4142

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: SUA SHINE ACO.  (Name of Limited)	UISITIONS LLC Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filin	ıg.
Please return all correspondence concerning this ma	atter to the following:	
RALPH D. AUTULCO (Name of Person)		
54NSHINE ACQUISIT	TY'ONS LLC	2001 FEB 12
P.O.BOY 690354 (Address)	LAHASSEE. F	B 12 Am
VENO BEACH FO (City/State and Zip Code)	32969-0354 BB	An III
For further information concerning this matter, plea	use call:	
RACPH D. AUCULO at (Name of Person)	773) 538-7008 (Area Code & Daytime Telephon	ne N
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 amo	unt:	

\$55 Filing Fee & Certified Copy

INHS18 (8/05)

\$25 Filing Fee

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGEN BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersignal liability company submits the following statement in order to change its registered office or agent, or both, in the State of Florida.

<i>G</i> , ,	ža.	
1. The name of the limited liability company	is: <u>SUNSHINE</u> ACQUISITA	
2. The mailing address of the limited liability	company is: P.O. Box 690354	
	VERD BEACH, FL	
. 4-28-2005	L 050000 41438	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the re Florida Department of State:	egistered office address as shown on the records of	
Busi	N655 F14/NG /NC Name	
8025	EXCECSION DR. SUITE Address	
<i>/nAD/S</i> Ci	NESS $F/C/NG$ /NC Name $\frac{EXCECS/OR}{Address}$ $\frac{ON}{EXCECS}$ Address $\frac{ON}{EXCECS}$ $\frac{ON}{EXCESS}$ $ON$	
MARGA	Name  VERO  NESS (P.O. Box NOT acceptable)  VERO	
7540	15 St VERO BEACH, F	
Florida street add	ress (P.O. Box NOT acceptable)	
VERO BEAC	# FL 32966 Fig. 2	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
If the limited liability company is not organize confirmed that after the change or changes and the business office of the registered agent	ted under the laws of the State of Florida, it is here to made, the Florida street address of the registered to will be identical. Or, in the case of a Florida limit the change(s) was/were authorized by an affirmat any or as otherwise provided in the articles of organility company.	
liability company, it is hereby confirmed that of the members of the limited liability compa	the change(s) was/were authorized by an affirmat any or as otherwise provided in the articles of organized in the articles.	
or the operating agreement of the limited liab	ilíty company.	
(Signature of a member or authorized representative of a me	ember)	
RALPH D. AUTULLO (Printed or typed name of signee)		
	d agent and agree to act in this capacity. I further tive to the proper and complete performance of m tions of my position as registered agent as provide ng filed to merely reflect a change in the registere bility company has been notified in writing of this	
(Signature of Begistered Agent)	<del></del>	

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