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(Re	equestor's Name)	·
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SECRETARY OF STATE

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## **COVER LETTER**

Division of Corporations	•	
SUBJECT: SunQuest Development (Name of Li	t Group Limited Liability Company)	
(* 1333-15 51 21		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	this matter to the following:	
Andrew Chetram		
(Name of Person)		
SunQuest Development Group	06 DEC 20 AM II: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
(Firm/Company)	ASSI	
3501 West vine st, Suite 280	OF SI	
(Address)	ATE RIDA	
Kissimmee FI ,34741		
(City/State and Zip Code)		
For further information concerning this matter	er, please call:	
Andrew Chetram	at (407 ) 414-3649	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	g amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

## 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 liability company is: SUN QUEST DEL	
2. The mailing address of the limited liability company is: $3501 \ \omega$ .	UTIME ST.
tissimmee, FC. 34741	
10-07-2005 LØ5ØØØ	699161
3. Date of filing/registration in Florida 4. Document nu	mber
5. The name of the registered agent and the registered office address as shown Florida Department of State:  CORPORATION SERVICE COMPANY  Name  1 201 HAYS STREET  Address  TALLAHASS CE FC. 32301  City, State and Zip  6. The name and address of the new registered agent and/or office:	-
ANDREW CHETRAM  3501 WEST VINE ST SUITC 28  Florida street address (P.O. Box NOT acceptable)  KISSIMMER FL 34741  City, State and Zip	II: 0
If the limited liability company is not organized under the laws of the State of confirmed that after the change or changes are made, the Florida street address and the business office of the registered agent will be identical. Or, in the case liability company, it is hereby confirmed that the change(s) was/were authorize of the members of the limited liability company or as otherwise provided in the operating agreement of the limited liability company.	Florida, it is hereby of the registered office of a Florida limited ed by an affirmative vote ae articles of organization
Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligations of my position as registered Chapter 608, F.S. Or, if this document is being filed to merely reflect a chang address. Thereby confirm that the limited liability company has been notified	apacity. I further agree to verformance of my duties, agent as provided for in e in the registered office in writing of this change.
TSignature of Registered Agent)	

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

INHS18 (8/05)

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