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SECRETARY OF STATE
ALAHASSEE, FLORIDA

J. BRYAN

JUL 28 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: SUNSHINE DEVELOPMEN (Name of Limited	T GROUP, L.L.C. I 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 ma	atter to the following:
Alison Bouchard	
(Name of Person)	SET SET
	ARE U
Bay State Corporate Services, Inc.	2 F
(Firm/Company)	SER P IT
6 Beacon Street, Suite 510	O9 JUL 27 PH 3: 06 SECRETARY OF STATE FALLAHASSEE, FLORIF
(Address)	
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D / A4A 00/00	
Boston, MA 02108	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Alison Bouchard at (6	517 <u>742-8484</u>
(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 amo	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 liability company is: SUNS	HINE DEVELOPMENT GROUP, L.L.C.		
2. The mailing address of the limited liability company	is: 366 SOUTH 10TH AVENUE.		
WAITE PARK, MN 56387			
06/15/06	L06000061390		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered of Florida Department of State:	fice address as shown on the records of the		
Steven W. Moore, P.A.			
Name			
8200 Bryan Dairy Road, Suite 300			
Address PS 8			
Largo, FL 33777			
City, State and Zip			
Address Largo, FL 33777 City, State and Zip 6. The name and address of the new registered agent and/or office: NRAI Services, Inc. Name 2731 Executive Park Drive, Suite 4			
NRAI Services, Inc.			
NRAI Services, Inc. Name 2731 Executive Park Drive, Suite 4			
2731 Executive Park Drive, Suite 4			
Florida street address (P.O. I			
Weston FL 3	· · · · · · · · · · · · · · · · · · ·		
City, State and Zip			
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 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.			
(Signature of a refember or authorized representative of a member) SAND - CHEF	MANAGEN		
(Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 508, F.S. Or, If this document is being filed to address, I hereby confirm that the limited liability composited to the limited liability composited the confirmation of the limited liability composited the limited liability liab	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.		
Tinieshe Clark, Asst. Secretary Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (8/05)