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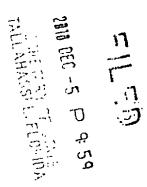
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sunshine of Central Florida, LLC  Name of Limited 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 matter to the following:
Anastasia Durden Name of Person
Sunshine of Certral Florida, LLC Firm/Company
P.O. Box 2868  Address
Cupopka, FL 32704 City/State and Zip Code
Adurden & Super- bar, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anastasia Durden at (407) 880-1402  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 amount:
□ \$25 Filing Fee

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

	<b>~</b> ·	0	_			
1. N	ame of the limited liability company: <u>Sunshine</u>	0+	Centra	1 Florid	a, LLC	···
2. (a)	Anastasia Durden	'	(b)	<del></del>		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		1	•	of limited liability BE POST OFFIC	
	948 Oakpoint Circle		P.O.	Box 28	368	
	apopka, FL 32712	_	apopl	sa, FL	32701	}
3.	July 20, 2006  Date of filing/registration in Florida	4.	L060	000726	<del></del>	<del></del>
	_	7.		Document III	antoci	
5. (a)	Peyton Trentis Durden Registered Agent and Registered Office shown on the records of the	ne Flori	da Dept. of State	- e:		
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRE:	<u>55)</u>	_	وم نـ	
	948 Oakpoint Circle			<del>.</del>		37
	apopka, FL 327/2 FL			-	是是	
	rL salla ,FL			_	500	1
(b)	Anastasia Cheri Durden	L		_	70	)
•	Enter name of NEW Registered Agent and/or NEW Registered (	Office a	ddress:			•
					50	
	NEW Registered Office Address:			_	3.	
	948 Oakpoint Circle					
	CITCIO			-		
	apopha, FL 32712 FL					
1 <b>f</b> + <b>L</b> = 1			- C C		-1. C1	.1 . 0
the cha	imited liability company is not organized under the law ange or changes are made, the Florida street address of t	the reg	istered office	and the busin	ness office of t	he registered
agent was/w	will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of	bility of the li	company, it is mited liabilit	s hereby confi y company or	irmed that the c as otherwise p	change(s) rovided in
	icles of organization or the operating agreement of the l					
- S12D	the of a member or authorized representative of a member		thasta		urden d name of signee	
I here	by accept the appointment as registered agent and agre	e to a	ct in this cape	acitv. I furthe	er agree to com	ply with the
provisi the obi	ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	perfori for in ereby	nance of my c Chapter 605 confirm that	duties, and I a , F.S. Or, if t the limited lia	ım familiar wit his document i bility company	h and accept s being filed has been

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