L07000033462

(Re	questor's Name)				
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(Address)					
(Cit	:y/State/Zip/Phone	: #)			
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DIVISION OF CORPORATIONS

& DRYAM NOV 3 0 2007

COVER LETTER

		COVERTE	IIEK	
TO: Registration So Division of Co				
SUBJECT: SUN C			bility Company)	<u></u>
	(14ame of	i Difficu Dia	omity Company)	
Dear Sir or Madam:				
The enclosed Register	ed Agent/Registered	Office Chan	ge and fee(s) are submitt	ed for filing.
Please return all corre	spondence concerning	ng this matter	to the following:	-
Bruce M. Williston				 D
	(Name of Person)			97 NVIS
SUN COAST PRO				SECRETARY DIVISION OF CO 07 NOV 29
	(Firm/Company)			
P.O. Box 2054				ORPORATION
	(Address)			٦ گ
Palatka, Florida 3217			<u></u>	
(Cit	y/State and Zip Code)			
For further information	n concerning this ma	tter, please ca	all:	
Bruce M. Williston		at (904	546-7755	
(Name	of Person)	~~ ((Area Code & Daytime	e Telephone Number)
STREET/COU	RIER ADDRESS:	N	MAILING ADDRESS:	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 lin	nited liability company	is: SUN COAST PROPERTIES LLC	
2. The mailing addres	s of the limited liability	company is: 2014 CRILL AVE.	
PALATKA FL 32177	•	, ,	
00.00.0007		1.0700000400	
03-29-2007 L07000033462			
3. Date of filing/regist	Date of filing/registration in Florida 4. Document nu		ıber
5. The name of the reg Florida Department		egistered office address as shown of	on the records of the
	John Dungey		
		Name	
	2014 CRILL AVE.		
		Address	
	PALATKA FL 3217		
	Cı	ty, State and Zip	0; 0)
6. The name and addre	ss of the new registered	d agent and/or office:	SECRE DIVISION 07 NOV
	Bruce M. Williston	I	FIL OF C 29
		Name	
	1105 Saint Johns A	Avenue #2054	₹ PP C
	Florida street addr	ress (P.O. Box NOT acceptable)	ED OF STATE ORPORATION AM II: 57
	Palatka	_{FL} 32178	IONS
	City	, State and Zip	
and the business office liability company, it is of the members of the or the operating agreen (Signature of a member or aut	of the registered agent hereby confirmed that limited liability companent of the limited liability companent control cont	mber) Villat	of the registered office of a Florida limited
JOHN DUNGEY (Printed or typed name of sign	BRUCE M WILL	1500~	
		d agent and agree to act in this cap tive to the proper and complete pe ions of my position as registered a ng filed to merely reflect a change illty company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change