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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			





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BECHETARY OF STATE

M. THOMAS

OCT 2 9 2008.

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sunset King Lake Resort LLC (Name of Limited Liabi	lity Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Roger Roy (Name of Person)	#0. C
Sunset King Late Resort LL (Firm/Company)	CT 28 H
366 Paradise Island Drive	T 28 AM D: 08 ARRESTEE FLORIDA
De Funiak Springs FL 32433 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Roger Roy at 850 (Area Co	892-7229 ode & Daytime Telephone Number)
Registration Section Regis Division of Corporations Divisi Clifton Building P.O. E 2661 Executive Center Circle Tallahassee, Florida 32301	tration Section ion of Corporations Box 6327 hassee, Florida 32314
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

the state of trottage	
1. Name of the limited liability company: Sunset King Lak	re Resort LLC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 366 Paradise Island Drive DeFunial Springs FL 32433
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	366 Paradise Island Drive De Funick Springs FL 32433
10/23/2007	L07000107148
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	SMALLBIZ AGENTS, LLC
Registered Office Address:	4244 W. TENNESSEE STREET #185
	TALLAHASSEE FL 32304 CO
(b) Enter name of NEW Registered Agent and/or NE	22 28 28 28 28 28 28 28 28 28 28 28 28 2
<u>NEW</u> Registered Agent:	Kager Koy
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Roger Roy 366 Paradis e Island Dried
	Defunisk Springs ,FL 32433
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company (Signature of another or authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
Roger Roy (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 pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notifie	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I have registered agent as provided for in Chapter 608, change in the registered office address, I hereby and in writing of this change.
(Signature of Registered Agent)	

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