-L0800001534

(Requestor's Name)
(124,121,111,111,111,111,111,111,111,111,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
APR 1 0 2013 L. SELLERS

Office Use Only



200246440392

04/08/13--01020--028 **25.00

13 APR -8 AH 7: 14

2804 Gateway Oaks Drive #200 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: April 01, 2013

AE: Ninh Ho

TO:

Florida Department of State

H1080

REFERENCE: 715737

P.O. Box 6327

Tallahasee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

SUNBURST I ASSOCIATES, LLC

Change of Registered Agent

IN FL

SPECIAL INSTRUCTIONS: Please file on a routine and return one plain copy.

Service Description	Check Number	Name	Amount
Change of Registered Agent	419847	Florida Department of State	\$25

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Ninh Ho TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800) 533-7272

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.

I. Na	me of the limited liability company: SUNBURST ASSOCIA	TES, LLC		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Boca Raton, FL 33487		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	791 Park of Commerce Drive Boca Raton, FL 33487		
2/12/200		L08000015534 4. Document number		
	Registered Agent and Registered Office shown on t		of State:	
	Registered Agent:	Scott A. Elk, P.A.		
	Registered Office Address:	750 Park of Commerce Drive, Suite 400 Boca Raton, Ft. 33487		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	N Registered Office address:		
	NEW Registered Agent:	Paracorp Incorporated		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		236 East 6th Avenue		
		Tallahassee	,FL_32303	
confir and th liabili the mo the op	limited liability company is not organized under the med that after the change or changes are made, the F e business office of the registered agent will be ident ty company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwiserating agreement of the limited liability company. The confirmed member of authorized representative of a member or typed name of signee	orida street address of the registical. Or, in the case of a Florid	stered office a limited irmative vote of ganization or	
I here composite and I Chapte addre	by accept the appointment as registered agent and a with the provisions of all statutes relative to the promise am familiar with and accept the obligations of my power 608, F.S. Or, if this document is being filed to me so, I hereby confirm that the limited liability company NINH HO, ASST. SECPETA	gree to act in this capacity. I formance of the second complete performance sition as registered agent as property reflect a change in the region what been notified in writing of the second control	uriher agree to Te of my duffies, ovided for in stered office this change.	