

L 100000 28624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

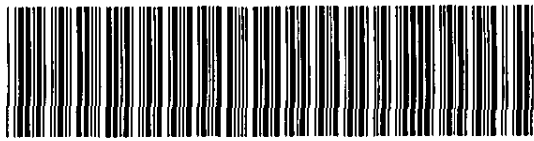
(Business Entity Name)

(Document Number)

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Address
Change
4/8/11 DC

Rivera, Maribel

From: Lourdes StCloud-Eloi [lourdesstcloud@yahoo.com]
Sent: Friday, April 08, 2011 2:06 PM
To: CorpAddressChange
Subject: address change

To Whom it May Concern:

Re: SUNSHINE HEALTH TRAINING CENTERS, LLC: L10000028624

I am sending this email to request a change of address for my business. The old address was 5475 GOLDEN GATE PARKWAY SUITE 1 NAPLES FL 34116 .

My new address effective immediately is 5327 N. State Road 7, Tamarac FL 33319. The new number is 954-766-4233 and the fax number is 954-306-2056.

Thank you

Lourdes StCloud- Eloi