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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	SUBJECT: SUNCITY RESORTS, LLC Name of Limited Liability Company		
	Name of	n Ellinted Elability Company	
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concernin	ng this matter to the following:	
	ADRIANA FOSTER	·	
	Name of Person		
	SUNCITY RESORTS, LL. Firm/Company	<u>.c.</u>	
	106 N. EL CENTRO BLVD SU Address	UITE B	
	PANAMA CITY BEACH, FL 3 City/State and Zip Code	32413	
E	UPKEEPPS@YAHOO.CC	OM rt notification)	
For fu	rther information concerning this ma	atter, please call:	
	ADRIANA FOSTER	at (<u>850-</u>) <u>236-1376</u>	
	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 follow	ving amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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. Name of the limited liability company:	SUNCITY RESORTS, LLC
2. (a) Principal office address of limited liability compan	y: 106 N. EL CENTRO BLVD
(Note: MUST BE STREET ADDRESS)	SUITE B, PANAMA CITE BEA
(b) Mailing address of limited liability company:	FLORIDA 32413
(Note: MAY BE POST OFFICE BOX)	<u> </u>
08/26/2011	L1100009875
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:	AGENTS AND CORPORATIONS, INC
Registered Office Address:	1201 N. ORANGE ST, SUITE 600 WILMINGTON, DE 19801
NEW Registered Agent:	ADRIANA G. FOSTER
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	106 N. EL CENTRO BLVD SUITE B PANAMA CITY BEACH ,FL 32413
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of an advised representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
ADRIANA G. FOSTER	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 606, PSI Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	

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

INHS18 (05/08)