## M03000003591

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**EXAMINER** 



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SECRETARY OF STATE
DIVISION OF SCREDATION

## **COVER LETTER**

TO: Registration Section

INHS18 (5/08)

Division of Corporations			
SUBJECT: SU	SUN-DAR PROPERTIES, LLC		
	(Name of Lir	nited Liability Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
DONN C. BAILEY (Name of Person)			
SUN-DAR PROPERTIES, LLC			
P.O. BOX 3131 (Address)			
GREAT FAUS, MT. 59403 (City/State and Zip Code)			
For further information concerning this matter, please call:			
DONN	C. BAILEY at	(Area Code & Daytime Telephone Number)	
(Na	me of Person)	(Area Code & Daytime Telephone Number)	
Registration Division of Clifton Buil 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:			
🔀 \$25 Fili	ng Fee	\$55 Filing Fee & Certified Copy	

## 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.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

1. Name of the limited liability company: SUN-DAR PROPERTIES, LLC 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) M03000003591 10/13/2003 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: CORPORATION SERVICE COMPANY Registered Agent: 1201 HAYS STREET Registered Office Address: TALLAHASSEE FL 32301 US (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Incorp Services, Inc. **NEW** Registered Agent: 17888 67th Court North **NEW** Registered Office Address: MUST BE FLORIDA STREET ADDRESS) FL\_33470 Loxahatchee If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company esentative of a member) (Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. behalf of

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

SECRETARY OF STATE DIVISION OF COPPORATION

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in the State of Floridá.