

orida Department of Sta

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Bma	11	Address:

LLC REGISTERED AGENT CHANGE SUNSHINE STATE CERTIFICATES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company	is: SUNSHINE STATE C	ERTIFICATES LLC	
2. The mailing address of the limited liability	y company is: 7900 MIAM	II LAKES DRIVE WEST	*
MIAMI LAKES FL 33016 5/1/2009		M09000001668	*
3. Date of filing/registration in Florida		4. Document number	
5. The name of the registered agent and the Florida Department of State:			
COMPLO, C	CHRISTY		
	Name		
7900 MIAM	LAKES DRIVE WEST		
•	Address		
MIAMI LAR	KES FL 33016		
	City, State and Zip		
3. The name and address of the new registers	ed agent and/or office:		
Corporate Ci	reations Network Inc.		
	Name	·····	
11380 Prospe	erity Farms Road #221E		
	treet address (P.O. Box NO	T acceptable)	
Palm Beach		33410	
 	City, State and Zip		
or changes are made, the Florida street addressed identical. Or, in the case of a Florida limited an affirmative vote of the members of the limited the operating agreement of the limited liability (Signature of a member or authorized representations)	d liability company, it is he nited liability company or a ty company.	reby confirmed that the change(s) wa	is/were authorized by
	·		
by Jessica Morales as attorney-in-fac (Printed or Typed name of signee)	<u> </u>	_	
I hereby accept the appointment as registere of all statutes relative to the proper and commy position as registered agent as provided in the registered office address. I hereby con	iplete performance of my di for in Chapter 608, F.S. O	ities, and I am familiar with and acc r. if this document is being filed to m	rept the obligations of verely reflect a change
((\	orales, Special Secretary		SEC DIVISION
(Signature of Registered Agent)	PR SE		
INHS18(10/99)	orations, P.O. Box bo.	27, Tallahassee, FL 32314	OF C
Corporate Creations International Inc.			
11380 Prosperity Farms Road #221E			PAR S
Palm Beach Gardens FL 33410			# %
(561) 694-8107			1085 32