1. Corporation Name

DOCUMENT # M82192

SUN STAR FLORIDA REAL ESTATE, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90305 003 *1,050.00



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Principal Place of Business Mailing Address 12830 SHADY HILLS RD. 12830 SHADY HILLS RD. SPRING HILL FL 34610 SPRING HILL FL 34610 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/16/1988 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2896386 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zip 8. This corporation owes the current year Intangible □No Personal Property Tax. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DARVISH, MEHRDAD 82 Street Address (P.O. Box Number is Not Acceptable) 12830 SHADY HILLS RD. SPRING HILL FL 34610 83 84 Zip Code City 85 F١ 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ Change ☐ DELETE 1.1 TITLE TITLE MARLOWE, MICHAEL L. 1.2 NAME NAME 1031 W MORSE BLVD #200 STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ OELETE TITLE PSD 2.1 TITLE DARVISH, MEHRDAD 2.2 NAME NAME 12830 SHADY HILLS RD. STREET ADDRESS 2.3 STREET ADDRESS SPRING HILL FL CITY-ST-ZIF 2.4 CITY-ST-ZIP ___ Addition ☐ DELETE ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-7IP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE ☐ Change 6.2 NAME NAME

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or open attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #