N08000010336

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busi	ness Entity Name)	
(Doca	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer:	

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SECRETARY OF STATE
AND ASSET FLORIDA

C. LEINIS EXAININER EXAININER

COVER LETTER >

TO: Amendment Section
Division of Corporations
SUBJECT: Sunshine Swampers 4X4 Club INC Name of Corporation
DOCUMENT NUMBER: 10800010336
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christian Chris Name of Contact Person
Firm/Company
37710 Davidson CT
Dade City FL 33525 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (813) 713 - 42 71 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SUNSHINE Swamper 4X4 Club Inc
2. The principal office address: 37710 Davidson Ct, Dade Lity, F/ 3350
3. The mailing address (if different):
4. Date of incorporation/qualification: 11-12-2008 Document number: N0800010336
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Tonya Weicht
28121 Miller RD
Dade City, Fl 33323 FE 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
14524 O CONNEIL RD P.O. Box NOT acceptable Dade City FL 33525
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Chris Christian Printed or typed name and title
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 duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. U 3 13 Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *