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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Sunshine Club Airport Inc.

Name of Corporation

DOCUMENT NUMBER: N10000007511

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:

Jacob Mayer

Name of Contact Person

Sunshine Club Airport Inc.

Firm/Company

PO BOX 620991

Address

Orlando, Florida 32862-0991

City/State and Zip Code

cobja_mayer@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Mayer

₄,386

451-9270

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

statement of cha	nge is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida rgistered agent, or both, in the State of Florida.	
	he corporation: Sunshine Club		
2. The principal	office address: 9076 Binnacle	Way, Orlando, Florida 32827	
3. The mailing a	ddress (if different): PO BOX 62	20991, Orlando, Florida 32862-0991	
4. Date of incorp	poration/qualification: August 9,	2010 Document number: N10000007511	
	street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file with the signed)	
	Michael Shephard		
	2680 Cypress Dome Court		
	Saint Cloud, Florida 34772		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Jacob Mayer			
	Jacob Mayer		
	9076 Binnacle Way		
	Orlando, Florida 32827	NOT acceptable	
The street addre	ss of its registered office and the sti be identical.	reet address of the business office of its registered agent,	
_		pted by its board of directors or by an officer so notified in writing of the change.	
Signatur	Sof an officer or director	Jacob Mayer, President Printed or typed name and title	
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered agen o comply with the provisions of all my duties, and I am familiar with a	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address. I	
	1/2	August 31, 2012	
If signing on bel	nalf of an entity:	Date	
Ту	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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