

**N11000005637**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

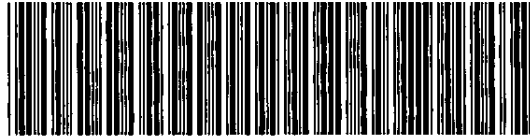
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATION  
2016 JUN 27 AM 8:08

JUL - 1 2016

C LEWIS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BUILDING UNIQUE COMMUNITIES, INC  
Name of Corporation

N11000005637

**DOCUMENT NUMBER:**

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:

Sarina Kurns

Name of Contact Person

BUILDING UNIQUE COMMUNITIES, INC

Firm/Company

PO BOX 489

Address

LAKELAND, FL 33802

City/State and Zip Code

*Buildinguniquecommunities@yahoo.com*

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

For further information concerning this matter, please call:

Sarina Kurns

863

370-8700

Name of Contact Person

at ( )

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BUILDING UNIQUE COMMUNITIES, INC  
2. The principal office address: 1010 OLIVE ST LAKELAND, FL 33815

3. The mailing address (if different): PO BOX 489 LAKELAND, FL 33802

4. Date of incorporation/qualification: 06/10/2011 Document number: N11000005637

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)

BROWN, BONNIE

1454 POWHATAN CT

LAKELAND, FL 33805

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SARINA KURNS

1869 VIA LAGO DR

LAKELAND, FL 33810

P.O. Box NOT acceptable

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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

SARINA KURNS PRESIDENT

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.*

  
Signature of Registered Agent

6/23/2016

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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