က်ဝင်ပ	MENT # N14468						8 =
1. Entity Nam	ne .	N			FILED SECRETARY OF DIVISION OF CORI	FSTATE	
SUNSEI	FR/C, INC.	•	•				
Principal Plac	e of Business	Mailing Address			00 DEC 13 PI	H 1:20	
P.O. BOX 7019 ST. CLOUD FL US		P.O. BOX 701961 ST. CLOUD FL 34770 US					
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			TAPREWIEW	HIS SPACE)	
City & Stat	е	City & State		4. FEI Numbe	*****	App	lied For Applicable
Zip — -		Zip	- ~ Country	5. Certificate	of Status Desired	\$8.75 Additi	
******	6. Name and Address of Current	Registered Agent			Address of New Register	ed Agent	
			Nam	DOUGLAS (ALAWAY		
	TON, HUNTER		Stree	et Address (P.O. Box Numbe	r is Not Acceptable)		
	: OAK BLVD D FL 34771			815 GUENEU		- Zin Codo	
• The shows	named entity submits this statement for	r the aureone of changing its		ST. CLOUD		FL 347	<u> </u>
6. The above	Trained entity soonats this statement for	the purpose of changing its	registered offic	a or registered agent, or bot	n, in the state of Florida.	//	
SIGNATURE .	Jas (ala	<u>.</u>			10,	<u> 13 60 </u>	
-	Signature typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent si	gnature required when reinstating) -	9 /A	TE /	[
	FILE NOW: FEE IS \$61.25	9. Election Cam	paign Financing	\$5.00 May Be	Make Che	ck'Payable to	
After Sept	ember 13, 2000 min. will be \$2	36.25 Trust Fund Co	ontribution.	Added to Fees		ent of State	
		1					_
10.	OFFICERS AND DIR		11.		ANGES TO OFFICERS AND	DIRECTORS IN 1	0 ==:
TITLE	PD ·	RECTORS Delete	TITLE	T <i>P1</i> >		4 /	0 ==:
TITLE NAME STREET ADDRESS	PD EARLY, JOEL 555 MOONLIGHT CT		TITLE NAME STREET ADDRE	PD DARREN C	DLIVERIO DAK BLUD	4 /	O = S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EARLY, JOEL 555 MOONLIGHT CT ST. CLOUD FL 34771	Delete	TITLE NAME STREET AODRE CITY-ST-ZIP	PD DARREN C 3066LIVE C 51. CLOUT		Change	0 Addition 2 2 2 2 2 2 2 2 2
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