| 1 |  | YY   | 120                                     | り  |
|---|--|--|---|--|
|   | Requester's Name  2 OHer (reek RD)   |  |   |  |
|   | Address  |  |   | A STATE OF S |
|   | 50000 PLY 32358 VCity/State/Zip Phone # 850 9629041  | <del>Ų</del>   | err                                     | , g <del>g</del>   |
|   |  | Office   | e Use Only                              | i<br>▶   |
|   | CORPORATION NAME(S) & DOCUMENT NUM   |  | -\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  | FILED P  |
|   | 1. Sun bry Distributing 7  | LNC P  | 1205 FG                                 | LED 2:   |
|   | 2(Corporation Name)  | (Document #)   |   |  |
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|   |  | (Document #)   | 5000034338<br>-10/20/0001<br>*****35.00 | 3858<br>081-004<br>*****35.00  |
| , | 4. U S Walkans V Pick up time  Pick up time  | (Document #)   | Certified Copy                          |  |
|   | Mail out Will wait Photo   | tocopy   | Certificate of Status                   |  |
|   | NEW FILINGS AMEN   | <u>IDMENTS</u>   |   |  |
|   | Not for Profit Limited Liability Domestication  Real Real Real Real Real Real Real Real  | mendment esignation of R.A., Contains nange of Registered ssolution/Withdraw erger | Agent                                   |  |
|   | OTHER FILINGS REGIS  | STRATION/QUAI  | <u>LIFICATION</u>                       | <u> </u>   |
|   | Fictitious Name  Lin  Re  Tra  | oreign<br>mited Partnership<br>einstatement<br>rademark<br>ther                    |   |  |
|   |  |  | Examiner's Initials                     |  |
|   | CR2E031(7/97)  |  |   |  |

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## 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, the   |  |  |  |  |
|---|--|--|--|--|
| undersigned corporation organized under the laws of the State of  |  |  |  |  |
| submits the following statement in order to change its registered office or registered agent, or both, in the   |  |  |  |  |
| State of Florida.   |  |  |  |  |
| 1. The name of the corporation is: Sun bary Distributing + AC   |  |  |  |  |
| 2. The mailing address of the corporation is: PO. Box 14402   |  |  |  |  |
| TALLAHASSE, FLA 32317   |  |  |  |  |
| 3. Date of incorporation/qualification: Ollow Document number:  |  |  |  |  |
| 4. The name and address of the current registered agent and office:   |  |  |  |  |
| JERRY L. HARVEY   |  |  |  |  |
| 21 otter creek AD   |  |  |  |  |
| SOPCH-PPY 1 FCA 32358   |  |  |  |  |
| 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  |  |  |  |  |
| Alvin Hines   |  |  |  |  |
| 3031 Grady Rd   |  |  |  |  |
| Tallahassee, FC. 32312  |  |  |  |  |
| The street address of its registered office and the street address of the business office office 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.  |  |  |  |  |
| alvin Heren 10-20-00  |  |  |  |  |
| (Signature of an officer, chairman or vice chairman of the board) (Date)  |  |  |  |  |
| Aluin Hines president   |  |  |  |  |
| (Printed or typed name and title)  Having been named as registered agent and to accept service of process for the above stated corporation, 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.   |  |  |  |  |
| Olhin Mena 10-20-00   |  |  |  |  |
| (Signature of Registered Agent) (Date)  |  |  |  |  |
| If signing on behalf of an entity:  Oreginal and the signing on behalf of an entity:  Oreginal and the signing of the signing |  |  |  |  |
| (Typed or Printed Name) (Capacity)  |  |  |  |  |

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

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