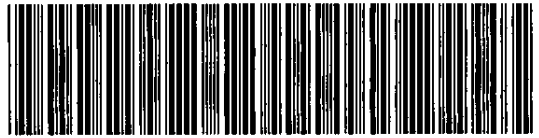


POB000019101

(Requestor's Name)

(Address)



400173035594

Sundance Construction
5602 Delido Court
Cape Coral, FL 33904

☐ PICK-UP ☐ WAIT ☐ MAIL

03/26/10--01024--001 **35.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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AND
FILED
10 FEB 26 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BAPO
3/29/10
12

**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: Sundance Construction Corporation
2. The principal office address: 5602 Delido Court
Cape Coral, FL 33904
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: P00000019101

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)

Resigned

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

Michael McConnell
5602 Delido Court
Cape Coral, FL 33904
P.O. Box NOT acceptable

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Michael McConnell
Signature of an officer or director

Michael McConnell, P
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.

Michael McConnell
Signature of Registered Agent

3-19-10
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
CR2E045 (8/05)