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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MFC 26 2000



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SUNSHINE FORKLIFT, INC.
(Name of Corporation)
DOCUMENT NUMBER: P00000054860
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:
Dominic Amadio (Name of Contact Person)
(Name of Contact Person)
Law offices of Dominic Amadio (Firm/Company)
3500 5th Ave N. Suite D. (Address)
(Address)
ST Potersburg, F1.33713 (City/State and Zip Code)
For further information concerning this matter, please call:
Dominic Amadia at (727) 327-1945 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (8/05)

TO:



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2006

DOMINIC AMADIO 3500 5 AVE N STE D ST PETERSBURG, FL 33713

SUBJECT: SUNSHINE FORKLIFT, INC.

Ref. Number: P00000054860

We have received your document for SUNSHINE FORKLIFT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Huchod is Revised

Tracy Smith Decument Specialist

Letter Number: 206A00070940

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Dominic E. Amadio, S. A. 3500 5th Ave. N., Suite D St. Petersburg, FL 33713

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 stayement 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: SUNSHINE FORKLIFT, INC.
2. The principal office address: 2890 W. AIRPORT BLVD., SANFORD, FL 32771
2. The principal office address. 2000 vvvv and Octo D2020, Color Octo Victoria Color O
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/30/2000 Document number: P00000054860
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
BENJAMIN BINNER
832 BRIGHT MEADOW DR.
LAKE MARY, FL 32746
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
3500 5th Ave N. SwiTe D (P.O. Box NOT acceptable)
3500 5th Ave No. SwiTe D
ST Petersburg, \$1, 33713
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) Lucien Campillo Prusidet
(Signature of an officer or director) 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 enange. (Signature of Registered Agent) (Signature of Registered Agent) (Date) (Typed or Printed Name)

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