## P0200005190

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

No

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Sands Realt Iwe. (Name of Corporation)
DOCUMENT NUMBER: POZOCOSI90
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:
Name of Contact Person)
CFirm/Company)
2754 W. Atlantic Blod. (Address)
Porpus Bond Fla 33069 (City/State and Zip gode)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 4101-860 (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

CR2E045 (8/05)

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
1. The name of the corporation: Souds Realty Inc.
2. The principal office address: 965 E
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/15/02 Document number: P02 2000519
5. The name and street address of the current registered agent and registered office on file with Florida Department of State:
Mark Sand
965 Connected Blod.
Ft. Loudondale, Fl. 33309
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Breez S. Butler
(P.O. Box NOT acceptable)
Po-pana 3-rach, F1. 33069
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.
X (Signature of an officer or proctor)  Two is Donated (Printed or typed name and title)
I hereby accept the appointment is 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)  12/06/05 (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)