## P020000 20933

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## **COVER LETTER**

TO: Amendment Se Division of Cor	ction porations	
SUBJECT:	SUNSHINE PET	
	(Name of C	orporation)
DOCUMENT NUMBI	ER:P0200	0020933
The enclosed Statement	of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	AMBAI	
	(Name of Co	ntact Person)
	AMBAR DI	
	(Firm/Co	ompany)
		VE, SUITE 632
	. (Add	ress)
	· · · · · · · · · · · · · · · · · · ·	FL 33126
	(City/State ar	• •
For further information	concerning this matter, please of	all:
AMBAR DIAZ		at ( 305 ) 476-8100
(Name o	f Contact Person)	at ( 305 ) 476-8100 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 cho	eck made payable to the Depart	ment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	visions of sections 607.0502, is submitted for a corporati				^.		
	change its registered office						
1. The name of the o	corporation: Sun	alu'no	Sot ?	gosti	sul		
2. The principal office	966	East		1			
	Hial		tr 330	13			_
3. The mailing addre	ess (if different):	Jane	as zn	uci pal	•		
4. Date of incorpora	tion/qualification: 2 2 2	2)200	Document nu	mber: 2	0200	00 58333	 
	eet address of the current reg	istered ager	nt and registered	office on file	e with the	- Print	~
Florida Departmen	nt or state:  & du vi qi s	Frid	a Sarda	VI		28 HASS	= 50
	855 East			1		MIII: 21	
						S. 2.	
	Iti'aleah	+ TL :	39013		<del></del>	DA T	
<ol><li>The name and stre (if changed):</li></ol>	eet address of the new registe	ered agent (	f changed) and /	or registered	loffice		
	Robeca	Que	vedo				
			errace				
	(P.O. Box NOT	_ `	2010	<del></del>			
	Hi'aleah	H.	33012		<del></del>		
The street address o	f its registered office and the dentical.	ne street add	lress of the busi	ness office	of its regi	istered agent,	
Such change was au authorized by the bo	athorized by resolution duly pard, or the corporation has	adopted by been notifi	y its board of dir ed in writing of	ectors or by the change.	an offic	er so	
. 88			Rebeca	Quev	rgo	Prisiden?	۲
<i>V</i> • •	an officer or director)	erant and a	•	is connects	•		
further agree to co of my duties, and I a document is being fi corporation has bee	appointment as registered o imply with the provisions of im familiar with and accept iled merely to reflect a char in notified in writing of this	all statute. the obligate in the receipt the color of the receipt	relative to the tion of my positive to the tion of my positive of the tion of tion of the tion of the tion of tion of the tion of tion	proper and on as regisi address, I h	complete tered age: ereby cor	performance nt. Or, if this nfirm that the	
.88	<b>)</b>		9	1241	200	_	
(Signature	e of Registered Agent)			(Date)			
f signing on behalf	of an entity:						
(Typed	or Printed Name)						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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