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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

SUNNY GROVE RANCH, INC.

Certificate of Status	Ü
Certified Copy	0
Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, inge is submitted for a corporation organized under the laws of the State of Florida	this	
	er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: SUNNY GROVE RANCH, INC.		
2. The principal	office address:		
4857 S. ORA	NGE BLOSSOM TRAIL ORLANDO FL 32839		
_	oddress (if different):		
4. Date of incom	poration/qualification: 2/27/2003 Document number: P03000023786		
5. The name and Florida Depar	street address of the current registered agent and registered office on file with the trainent of State;		
	A.G.C. CO	=1.0	21
	200 \$ ORANGE AVE, STE 2300	ALLA SECO	2009 JUN 17
	ORLANDO FL 32801 US	H.C.	
5. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	SEE. FI	7 AM 10: 42
	C T Corporation System	SE	Ö
	c/o C T Corporation System, 1200 South Pine Island Road	<u>S</u> m	7
	(P.O. Box NOT acceptable)		
	Plantation, Florida 33324		
The street addre	ss of its registered office and the street address of the business office of its registe be identical.	red agent,	
Such change was authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer : ie board, or the corporation has been notified in writing of the change.	ió	
Longe	GAEY T. ABNDALL ABETAN	e <u>r</u>	
	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of uil statutes relative to the proper and complete pe d I am familiar with and accept the obligation of my position as registered agent, ng filed merely to reflect a change in the registered office address, I hereby confir been notified in wifting of this change.	rformance Or, if this m that the	
20 N V:VE	pasture of Registered Agent) 6.16.2009	·	
_	half of an entity:		
, siBiting on per	Madonna Cuddihy		
Sa	ecial Assistant Secretary		
-p-	* * * FILING FEE: \$35.00 * * *		
. ند چ	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE		
MA	ALL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314		

F1.006 - 69/14/2005 C T Eysters Online

CK2E045 (8/05)