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· (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: Sunny Fields Inc.
	(Name of Corporation)
DOG	CUMENT NUMBER: P03000067625
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
Jos	seph C. Casale
	(Name of Person)
Sui	nny Fields Inc.
	(Name of Firm/Company)
115	5 Secluded Way
	(Address)
Titu	usville, FL 32780
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Jose	eph C. Casale at (321) 268-0444 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clift 2661	Mailing Address: Indment Section Sion of Corporations On Building Executive Center Circle Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
I. The name of the corporation: Sunny Fields, Inc.	
2. The principal office address: 115 Secluded Way, Titusville, FL 32780	
3. The mailing address (if different): PO Box 5868, Titusville, FL 32783	
4. Date of incorporation/qualification: 6/16/2003 Document number: P03000067625	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
E Z Way Solutions	
1857 N. Carpenter Rd.	
Titusville, FL 32796-1160	PF 3
Titusville, FL 32796-1160 5. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Joseph C. Casale 115 Secluded Way	: 3
Joseph C. Casale	
115 Secluded Way (P.O. Box NOT acceptable)	
Titusville, FL 32780	
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.	
Joseph C. Casale (Printed or typed name and title)	
Hereby accept the appointment as registered agent and agree to act in this capacity. If thereby accept the appointment as registered agent and agree to act in this capacity. If 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.	
Joseph Cosale 12/10/07	
(Signature of Registered Agent) If 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

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