T-84000036838

(Re	equestor's Name)	<u>.</u>				
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(Cit	ty/State/Zip/Phono	e #)				
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Rahar Stadd

COVER LETTER

Division of Corporations
SUBJECT: Sunscheine Enterprises, Inc. (Name of Corporation)
DOCUMENT NUMBER: 0400036838
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)
Sunscheine Enterprises Orc. (Firm/Company)
13014 N. Dale Mabry Huy Suite 737 (Address)
Tampa, FC 33618 (City/State and Zip Code)
For further information concerning this matter, please call:
Carres Chelmer at (813) 230 - 8163 (Name of Contact Person) (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

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

		s 607.0502, 617.0502,				
		a corporation organize ered office or registere				_
			-	-		
1. The name of th	e corporation:	Danscheine	Enterpris	ses almie.		
2. The principal of	office address: 130	Sunscheine 514 N. Dale	Mabry Huy	Suite 73	7	
	Tampa	, PL 3361	8			
3. The mailing ad	dress (if different):					
4. Date of incorpo	oration/qualification	: February 26,2	209 Document nur	nber: <u>P04 00</u>	00 36 838	
5. The name and Florida Departs		current registered age	ent and registered of	office on file with	ı the	
_	(Corporation	Service (Company		
_		1201 Hays	Street			
	To	Corporation 1201 Hays allahassee	FL 373	301		
6. The name and (if changed):		new registered agent	_		A A	'n
-	Sunsch	eine Enter	prises, &	nc.	17 ARY ASSE	7.00
-	13014	Nov the Dale (P.O. Box NOT acceptable)	Matry Hr	14 # 137	PH I2: OF STA	M
	Tan	Sa FL 336	18		12: 4 STAT LORI	
The street address						ent.
as changed will	be identical.	office and the street a				,
Such change was authorized by the	s authorized by reso e board, or the corp	olution duly adopted looration has been noti	by its board of dir fied in writing of	ectors or by an o the change.	officer so	
Cami	2 Sch	en	CarrieL	Scheine	r Presi	<u>dent</u>
. •						
of my duties, and document is bein corporation has	o comply with the p I I am familiar with g filed merely to re been notified in wr	registered agent and rrovisions of all statut and accept the oblig eflect a change in the iting of this change.	es relative to the lation of my position registered office of	proper and comp on as registered address, I hereby	agent. Or, if it confirms that	nce this the
			,	5/10/06		
(Sign	nature of Registered Agent	t)		(Date)		_
If signing on beh	half of an entity:					
	ped or Printed Name)	<u>~~~</u>				
(~;	· · · · · · · · · · · · · · · · · · ·					

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