P04000084398

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SECRETARY OF STATE
TALL ALIASSES STATE

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Suntriffic Properties Inc. (Name of corporation)
DOCUMENT NUMBER: 9 804000084398
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 person)
Suntsiffic Properties Inc. (Name of firm/company)
5760 2835 St. S. #241 (Address)
St. Petersburg F.L. 33712 (City/state and zip code)
For further information concerning this matter, please call:
Andy Conning at (727) 692-8961 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

Pursuant to the	e provisions of section	ns 607.0502	<i>2, 617.050.</i>	2, 607.1508, or	- 617.1508,	Florida Statutes,
	f change is submitted	for a corpor	ration orga	anized under the	e laws of the	? State of
Florida	in order to ch	ange its reg	istered off	ice or registere	d agent, or	both, in the State
of Florida.			•			
1. The name of	the corporation: S.	intciffic	Proper	ies .		70 }
2. The principal	office address: 5	160 28+2	St. S.	# 24]		PO L
	.52.	· letersbu	15 F.1.	33712		製する
3. The mailing a	address (if different):					950 E
						755
4. Date of incor	poration/qualification	1: <u>May 27</u>	, 04	Document r	number: <u>P</u> C	0400008439
5. The name and	d street address of the rtment of State: Michael Banner	,				
	4244 W. Tennessee	St. #185				-
	Tallahassee, FL 323	304				_
6. The name ar changed):	nd street address of t	_	stered age	nt (if changed)	and for reg	gistered office (if
-	Andy Conki	3 <u>10</u>				_
-	<u>5760 ३४^म ८</u>	ル. 5 # <u>み</u> O. Box or persona	mailbox NOT	acceptable)		<u> </u>
	St. Petersbu	19 FL 33	571)			<u> </u>
The street addreagent, as change	ess of its registered o ed will be identical.	ffice and the	e street add	lress of the bus	iness office	of its registered
/\	as authorized by resone board, or the corpo					
(Signature of an opticer	chairman or vice chairman of	the board)	£	Indy Conki (Frinted or typed	name and title)	<u> </u>
I further agree performance of registered agen office address,	the appointment as it comply with the pirmy duties, and I am t. Or, if this docume thereby confirm that	rovisions of a familiar with out is being for the corpord	all statute:	$\mathfrak x$ relative to the	proper and	t complete
Jandy L	ignature of Registered Agent)			6-29-04 (Da	te)	
If signing on behal	f of an entity:			(Da	,	
	Cyped or Printed Name)			(Cap	acity)	

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