

P04 000 144157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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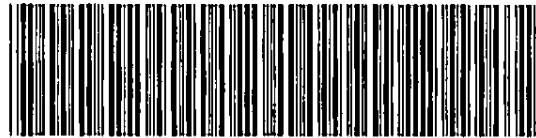
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUN-X CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** P04000144157

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:

MICHAEL L. MILLER

Name of Contact Person

SUN-X CORPORATION

Firm/Company

193 NW BENTLEY CIR

Address

PORT SAINT LUCIE, FL 34986

City/State and Zip Code

michael.miller@sun-x.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL MILLER

Name of Contact Person

at (772) 834-2764

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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.

1. The name of the corporation: SUN-X CORPORATION
2. The principal office address: 193 NW BENTLEY CIR, PORT SAINT LUCIE, FL 34986
3. The mailing address (if different): PO BOX 880426, PORT SAINT LUCIE, FL 34988
4. Date of incorporation/qualification: OCTOBER 18, 2004 Document number: P04000144157
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MICHAEL MILLER

132 SW PEACOCK BLVD, 17-201

PORT SAINT LUCIE, FL 34986

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MICHAEL MILLER

193 NW BENTLEY CIR

P.O. Box NOT acceptable

PORT SAINT LUCIE, FL 34986

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.

Michael L Miller  
Signature of an officer or director

MICHAEL L MILLER CEO

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.*

Michael L. Miller  
Signature of Registered Agent

OCTOBER 29, 2020

Date

If signing on behalf of an entity:

MICHAEL L MILLER

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)