P04000146365

(Requestor's Name)				
(Address)				
(tansos)				
· ·				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(During Fakis Alama)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
· 				
Special Instructions to Filing Officer:				
1				

Office Use Only



200104005782

06/08/07--01043--022 **35.00

C. Coulliette JUN 1 3 2007

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: change of address Sundac (Name of Corp	l inc oration)
DOCU	MENT NUMBER:	,, , <u></u>
The en	closed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please	return all correspondence concerning this matter to	the following:
	marcia dun	das
	(Name of Contac	et Person)
	sundad inc (Firm/Comp	pany)
	534 white plains ave sw (Address)
	palm bay fl. 32908 (City/State and 2	in Code)
For fu	ther information concerning this matter, please call:	•
marc	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	ed is a \$35.00 check made payable to the Department	nt of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building . 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	mge is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes on organized under the laws of the State of florida or registered agent, or both, in the State of Florida.	•	
1. The name of	the corporation: sundad inc			
2. The principal office address: 534 white plains ave sw				
	palm bay f	1. 32908		
3. The mailing a	nddress (if different):			
4. Date of incorp	poration/qualification: oct 23rd	d 2004 Document number: g042999000	78	
	I street address of the current regetment of State:	gistered agent and registered office on file with the	·	
	5460 lyons rd apt #20	4		
	coconut creek		07 SEI TALL	
	fl 33073		ORETA AHAS	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	534 white plains ave	sw	9: 42 STATE LORIDA	
palm bay fl. 32908 (P.O. Box NOT acceptable)				
_		he street address of the business office of its regist		
authorized by the	is authorized by resolution during board, or the corporation has	y adopted by its board of directors or by an officer been notified in writing of the change.	r so	
	I kendas ire of an officer or director)	Marcia Dundas (PRESI) (Printed or typed name and title)	DENT)	
I hereby accept I further agree to of my duties, an document is bei	the appointment as revistered	agent and agree to act in this capacity f all statutes relative to the proper and complete p t the obligation of my position as registered agen nge in the registered office address. I hereby conf	performance t. Or, if this irm that the	
Sa	Quedos	6/05/07		
•	mature of Registered Agent) half of an entity:	(Date)	 .	
n	yped 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 (8/05)

APPROVE