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| No Return Address | | | | | |
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| (Requestor's Name) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2008

Sun State Construction Company P.O. Box 847 Ocala, FL 34478

SUBJECT: SUN STATE CONSTRUCTION COMPANY

Ref. Number: P05000057937

We have received your document for SUN STATE CONSTRUCTION COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 408A00059556

COVER LETTER

| TO: | Annette Kamsey | 1 |
|-----|--------------------------|---|
| | Amendment Section | |
| | Division of Corporations | |

| SUBJECT: Sun State Construction Company (Name of Corporation) |
|--|
| (Name of Corporation) |
| DOCUMENT NUMBER: PO5000057937 |
| 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: |
| Linda Williams |
| (Name of Contact Person) |
| Sun State Construction Company |
| (Firm/Company) |
| P.O. Box 847 |
| (Address) |
| Ocala, FL 34478 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Linda Williams at (352) 266-0832 fax352-732-0328 (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

Sun State Construction Co

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

| statement of cha | nge is submitted for a corporation | 7.0502, 607.1508, or 617.1508, Florida Sta organized under the laws of the State of Flo registered agent, or both, in the State of Flor | orida | |
|--|--|--|--|--|
| 1. The name of t | he corporation: Sun State Con | struction Company | | |
| 2. The principal | office address: 2515 NW 10th | Street Unit 5, Ocala, FL 34474 | | |
| 3. The mailing a | ddress (if different): P.O. Box 8 | 47, Ocala, FL 34478 | | |
| 4. Date of incorp | poration/qualification: 4/20/2005 | Document number: P050000 | 57937 | |
| | street address of the current regist truent of State: (If resigned, enter n | ered agent and registered office on file with esigned) | the | |
| | Linda Z. Williams | | | |
| | 5400 SW College Road St | e. 302-132 | 2008 DEC 12 SECRETAR TALLAHASS | |
| | Ocala, FL 34474 | | DEC I | |
| 6. The name and (if changed): | street address of the new registere | d agent (if changed) and /or registered office | 2 AN IO: 21 RY OF STATE SSEE, FLORI | |
| | Linda Z. Williams | | D: 22 | |
| | 2515 NW 10th Street Unit | | | |
| | Ocala, FL 34474 | | | |
| The street address changed will | ess of its registered office and the be identical. | street address of the business office of its | egistered agent, | |
| Such change was authorized by the | as authorized by resolution duly a ne board, or the corporation has be | dopted by its board of directors or by an or een notified in writing of the change. | fficer so | |
| Augralia (Signal) | ire pr an officer or affector) | Linda Z. Williams, Pre (Printed or typed name and title | esident | |
| I further agree of my duties, an document is bei | to comply with the provisions of a | ent and agree to act in this capacity, ill statutes relative to the proper and comp he obligation of my position as registered i e in the registered office address, I hereby hange. | lete performance agent. Or, if this confirm that the | |
| Dud | Signature of Registered Agent) December 12, 2008 (Date) | | | |
| | half of an entity: | ,, | | |
| (| Typed or Printed Name) | | | |

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