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





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· 03/05/12--01008--029 \*\*35.00

R.A.

MAR - 6 2012 T. BROWN

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	SUNLIGHT REC	OVERY, INC					
	Doc	•					
DOCUMENT NUM	IBER: P05	000082588					
The enclosed Statem	ent of Change of Registered Offic	e/Agent and fee are submitted for filing.					
Please return all corr	respondence concerning this matte	r to the following:					
	JOAN WALLIS						
	Name of Contact Person						
_	WALLIS & WALLIS, P.A.						
	Firm/Company						
-	1600 S FEDERAL HWY, SUITE 470 Address						
	Aud	1055					
		ACLL EL 22060					
-	POMPANO BEACH, FL 33062  City/State and Zip Code						
	·	•					
<del>-</del> -	JOAN@WALLISA	NDWALLIS.NET					
E-mail address: (to be used for future annual report notification)							
For further informati	on concerning this matter, please	call:					
	JOAN	at ( 954 ) 941-9005					
Name	e of Contact Person	at ( 954 ) 941-9005 Area Code & Daytime Telephone Number					
E 1 11 #05.00							
Enclosed is a \$35.00 check made payable to the Department of State.							
	Mailing Address: Amendment Section	Street Address: Amendment Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	Clifton Building					
	Tallahassee FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

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

statement of cha	provisions of sections 60% ange is submitted for a co or to change its registered	rporation organize	d under the laws of the	State of FLORID	
1. The name of t	the corporation: SUNL	IGHT RECO	VERY, INC.		
2. The principal	office address: 505 S F	EDERAL HWY	, DEERFIELD BE	ACH, FL 33441	
3. The mailing a	ddress (if different):		71, 4		
4. Date of incorp	ooration/qualification:	06/07/2005	Document number:	7050000	82588
	I street address of the curr tment of State: (If resigne		nt and registered office	on file with the	
	WALLIS & WALLIS	, P.A.			
	1600 S FEDERAL I	HWY SUITE 60	0	TAL	7112 HR-5
	POMPANO BEACH	I, FL 33062		LAH	姜二
6. The name and (if changed):	street address of the new	registered agent (i	f changed) and /or reg	istered office E. F.	TILED MID: SI
	WALLIS & WALLIS	, P.A.			Ö. 3
	1600 S FEDERAL I		-		ŧ.
	POMPANO BEACH	P.O. Box NOT acc I. FL 33062	ceptable		
The street addre as changed will	ess of its registered office be identical.		dress of the business of	office of its registere	ed agent,
Signatur Phereby accept I further agree to of my duties, and document is bein corporation has	as authorized by resolution board, or the corporation of the appointment as registed comply with the provised I am familiar with and any filed merely to reflect the been notified in writing the mature of Registered Agent thalf of an entity:	stered agent and a	Printed or types	d name and title  pacity.  prand complete per a registered agent. (sss, I hereby confirm	latin
Ty	yped or Printed Name				

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