

P05000158089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

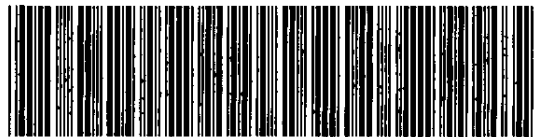
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUN-IT SOLUTIONS, INC
Name of Corporation

DOCUMENT NUMBER: P05000158089

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:

SRINIVASULU CHERUKURI
Name of Contact Person

SUN-IT SOLUTIONS, INC
Firm/Company

7400 BAYMEADOWS WAY, SUITE # 315
Address

JACKSONVILLE, FL 32256
City/State and Zip Code

sri@sun-itsolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SRINIVASULU CHERUKURI at (904) 731-7330
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2010

SRINIVASULU CHERUKURI
SUN-IT SOLUTIONS INC.
7400 BAYMEADOWS WAY STE 315
JACKSONVILLE, FL 32256

SUBJECT: SUN-IT SOLUTIONS INC.
Ref. Number: P05000158089

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 110A00006354

**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-IT SOLUTIONS, INC
2. The principal office address: 7400 BAYMEADOWS WAY, SUITE # 315
JACKSONVILLE, FL 32256
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/01/2005 Document number: P05000158089
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)

Sreenivasulu Cherukuri
7400 Baymeadows Way, Suite 315
JACKSONVILLE, FL 32256

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

Srikanth Bollampally
9480 Princeton Square Blvd, Apt # 816
P.O. Box NOT acceptable
JACKSONVILLE, FL 32256

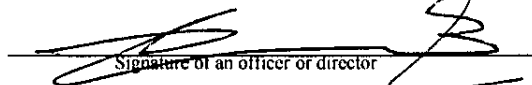
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

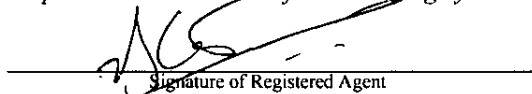
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

SRINIVASULU CHERUKURI- OFFICER
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.



Signature of Registered Agent

03/18/2010
Date

If signing on behalf of an entity:

Srikanth Bollampally
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 (8/05)