

PO60000111423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

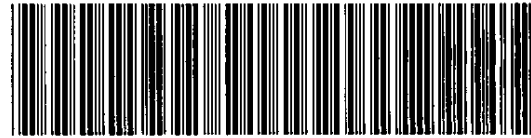
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
10 AUG 16 PM 1:35

RO/chg
@ 8/16/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INFINITE SUNSHINE INC
Name of Corporation

DOCUMENT NUMBER: P06000111423

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:

IMRAN RAHMAN
Name of Contact Person

INFINITE SUNSHINE INC
Firm/Company

6910 MONARCH PARK DRIVE
Address

APOLLO BEACH FL 33572
City/State and Zip Code

IMRAN@IMRANRAHMAN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IMRAN RAHMAN at (813) 263 6027
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

July 16, 2010

IMRAN RAHMAN
INFINITE SUNSHINE, INC.
6910 MONARCH PARK DRIVE
APOLLO BEACH, FL 33572

SUBJECT: INFINITE SUNSHINE, INC.
Ref. Number: P06000111423

We have received your document for INFINITE SUNSHINE, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 010A00017316

RECEIVED
2010 AUG 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: INFINITE SUNSHINE INC
2. The principal office address: 6910 MONARCH PARK DR
APOLLO BEACH FL 33572
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/28/2006 Document number: P06000111423
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)

IMRAN RAHMAN

11513 CRESTLAKE VILLAGE DR

RIVERVIEW FL 33569

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

IMRAN RAHMAN

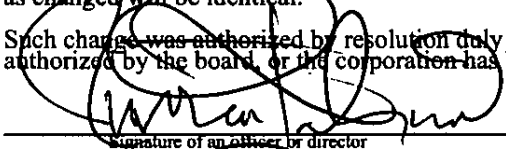
6910 MONARCH PARK DR

P.O. Box / NOT acceptable

APOLLO BEACH FL 33572

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

IMRAN RAHMAN (PRESIDENT)

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

08/13/2010

Date

If signing on behalf of an entity:

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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