## P06000127288

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<b>→ #)</b>
PICK-UP	☐ WAIT	MAIL
. <b>(</b> Bu	siness Entity Nar	ne)
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(Do	cument Number)	
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2009 JUL 20 PH 1: 20

SECRETARY OF STATE
TALLAHASSEE. FLORID

R.A.

TB JUL 2 2 2009

## COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Another Broken Egg at Name of Cor	Sunset Bay, Inc.					
DOCUMENT NUMBER: P0600	00127288					
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to	o the following:					
•	•					
Treasure McLean, Office Manager						
Name of Conta	act Person					
Another Broken Fee	, of America, Inc.					
Another Broken Egg Firm/Com						
TERISON .						
Another Broken Egg Firm/Com 36474A Emerald Coas	st Pkwy, Ste #1101					
Addre	SS					
Destin, FL 32541 City/State and Zip Code						
City/State and	Zip Code					
t.mclean@anotherb	rokenegg.com					
E-mail address: (to be used for fut	ure annual report notification)					
For further information concerning this matter, please cal	I1:					
Treasure McLean	at ( 850 ) 424-5157					
Name of Contact Person	at ( 850 ) 424-5157 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Departm	nent of State.					
Mailing Address:	Street Address:					
Amendment Section	Amendment Section					
Division of Corporations P.O. Box 6327	Division of Corporations					
r.O. Box 0327 Tallahassee FI 32314	Clifton Building					

Tallahassee, FL 32301

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

statement of cha	inge is submitted for a co	rporation organized	607.1508, or 617.1508, Flo I under the laws of the Stat	te of Florida
· ——			l agent, or both, in the Stat g at Sunset Bay, It	
			LEVARD N., Mirama	
3. The mailing a	ddress (if different): 36	474A Emerald C	Coast Pkwy, Ste #110	1, Destin, FL 32541
4. Date of incorp	poration/qualification:	10/05/2006	Document number:	P06000127288
	d street address of the cur truent of State: (If resign		t and registered office on f	ile with the
	Ron E Green			
	930 GULF SHORE	DR #31		
	DESTIN FL 32541	US		2009 SE TALI
6. The name and (if changed):	d street address of the nev	v registered agent (i	f changed) and /or register	m~
	36474A Emerald C			PM 1: 20 OF STATE E. FLORIC
	Destin, FL 32541	P.O. Box NOT acc	reptable	
The street address changed will	ess of its registered offic be identical.	e and the street add	lress of the business offic	e of its registered agent,
	as authorized by resolutine board, or the corporat	on duly adopted by	tis board of directors or ed in writing of the chang	President
I hereby accept I further agree of my duties, an document is be	the appointment as rea	isions of all statute: d accept the obliga et a change in the re	Printed or typed name gree to act in this capacit is relative to the proper an tion of my position as reg egistered office address, I	
$\checkmark$			7/15/20	009
Sig	nature of Registered Agent		Date	<del></del>
If signing on be	chalf of an entity:			
<u> </u>	yped or Printed Name			

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