

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

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From:

: CORPDIRECT AGENTS, INC. Account Name

110450000714

Phone

(850) 222-1173

Fax Number

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## REGISTERED AGENT CHANGE SUNLAND DISTRIBUTION OF FLORIDA, INC.

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From: Michele Holden

To: - ' Subject:

## H100001603183

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

FOR CORPORATIONS	
Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this statement of change is submitted for a corporation organised 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: SUNLAND DISTRIBUTION OF FLORIDA, INC.	
2. The principal office address: 412 N. 12TH STREET, HAINES CITY, FL 33844	
3. The mailing address (if different): P.O. BOX 928, HAINES CITY FL 33845 US	
4. Date of incorporation/qualification: 09/24/2007 Document number: P07000105966	
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)	
WORTELMAN, GUY W P デックラ	
7000 WAVERLY ROAD	
WAVERLY FL 33877 US	•
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
CORPDIRECT AGENTS, INC.	? n
515 EAST PARK AVENUE	Þ
, P.O. Box NOT acceptable	
TALLAHASSEE FL 32301 US	
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.	
Chy W. Walter Walter Walter Company of the Company	
I haveby 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.  I 13/20/5  Significate of Registered Agent	
If signing on behalf of an entity:	
MICHELE HOLDEN, ASST SECT 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)