

PD9000010387

(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:

Office Use Only



200261627902

06/30/14--01013--025 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 30 AM 8:57

C. LEWIS
JUL 16 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunsured Insurance Group, Inc.
Name of Corporation

DOCUMENT NUMBER: P09000010387

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:

Natalia C Zaldivar

Name of Contact Person

Sunsured Insurance Group, Inc.

Firm/Company

2200 SW 84th Ave

Address

Miami, FL 33155

City/State and Zip Code

findnat@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalia C Zaldivar

Name of Contact Person

at (305) 746-5678

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

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: Sunsured Insurance Group, Inc
2. The principal office address: 2200 SW 84th Ave
Miami, FL 331455
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/02/2009 Document number: P09000010387
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)

Natalia C Zaldivar

9560 SW 40th Street

Miami, FL 33165

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

Natalia C Zaldivar

2200 SW 84th Ave

Miami, FL 33155

P.O. Box NOT acceptable

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

Natalia C Zaldivar, 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

06/24/2014

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 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 30 AM 8:57