

P090000042357

(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



300162194843

10/28/09--01015--007 **35.00

Lo chy

FILED
STATE
DIVISION OF CORPORATIONS
09 OCT 28 AM 8:12

7:29:00 PM OCT 29 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUN DAY CONSULTING, INC
Name of Corporation

DOCUMENT NUMBER: P09000062357

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:

ANNET SHELVER

Name of Contact Person

SUN DAY CONSULTING, INC

Firm/Company

P o Box 1615

Address

BOCA RATON FL 33429

City/State and Zip Code

sundayconsulting@gmail.com

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

For further information concerning this matter, please call:

ANNET SHELVER

Name of Contact Person

at (954) 695-9172

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SUN DAY CONSULTING, INC.,
2. The principal office address: 4410 NE 22ND AVE, LIGHTHOUSE POINT,
FL 33064
3. The mailing address (if different): P O Box 1615, Boca RATON,
FL 33429-1615
4. Date of incorporation/qualification: 05/12/2009 Document number: P09000042357
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)
SHELVER, ANNET C
11 LITTLE HARBOR WAY
DEERFIELD BEACH
FL 33441
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
SHELVER, ANNET C
4410 NE 22ND AVE
P.O. Box NOT acceptable
LIGHTHOUSE POINT, FL 33064

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 28 AM 8:12

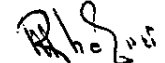
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

ANNET SHELVER (OFFICER/DIRECTOR)
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

10/24/2009
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)