P09000042551

Requestor's Name)		
Address)		
Address)		
City/State/Zip/Phone #)		
☐ WAIT ☐ MAIL		
Business Entity Name)		
Document Number)		
Certificates of Status		
Special Instructions to Filing Officer:		



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SECRETARY OF STATE OIVISION OF CORPORATION:

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(10) 3/10/15

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Sunshine State First Realty Inc.
Name of Corporation

DOCUMENT NUMBER: P09000042551

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:

Arie Sasson

Name of Contact Person

Firm/Company

4045 Sheridan ave Suite 211

Address

Miami Beach, Fl 33140

City/State and Zip Code

info@whitegoldfinancial.com

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

For further information concerning this matter, please call:

Arie Sasson

,,416

876-9100

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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Sunshine State First Realty Inc.
2. The principal	office address: 4045 Sheridan Ave Suite 211, Miami Beach, Fl 33140
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: May 13, 2009 Document number: P09000042551
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Jacob Abecassis
	4045 Sheridan Ave Suite 211
	Miami Beach, FL 33140
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Arie Sasson
	Arie Sasson P.O. Box NOT acceptable P.O. Box NOT acceptable
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	Jacob Abecassis
	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Luo Sa	17 1 2015
Sign	nature of Registered Agent Date
	half of an entity:
<u>Arie</u>	Sasson yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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