

P10000010520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

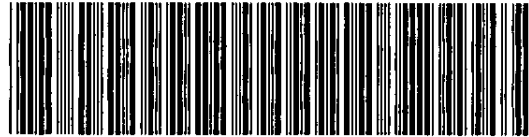
(Business Entity Name)

(Document Number)

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15 MAR 16 AM 11:59  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA

R/ACHg

MAR 17 2015

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sundeck Properties Inc.

Name of Corporation

**DOCUMENT NUMBER:** P010000010520

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

Name of Contact Person

at ( 416 ) 876-9100

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: Sundeck Properties Inc.
2. The principal office address: 4045 Sheridan Ave Suite 211  
Miami Beach, FL 33140
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Sept 11, 2006 Document number: P010000010520
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)

Jacob Abecassis

4045 Sheridan Ave Suite 211

Miami Beach, FL 33140

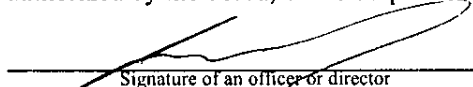
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Arie Sasson

\_\_\_\_\_  
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

Jacob Abecassis

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

Feb 27, 2015  
Date

If signing on behalf of an entity:

Arie Sasson  
Typed or Printed Name

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