

P10000023459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

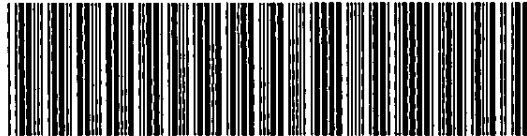
(Business Entity Name)

(Document Number)

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STATE OF NEW YORK
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunrise Ventures Holdings Inc
Name of Corporation

DOCUMENT NUMBER: P10000023459

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:

Luz Marina Paz

Name of Contact Person

Sunrise Ventures Holdings Inc

Firm/Company

25000 SW 193rd Avenue

Address

Homestead, Florida 33031

City/State and Zip Code

eje582@icloud.com

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

For further information concerning this matter, please call:

Guillermo Iglesias

Name of Contact Person

at (305) 4717545

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: Sunrise Ventures Holdings Inc
2. The principal office address: 25000 SW 193rd Avenue
Homestead, Florida 33031
3. The mailing address (if different): 2 SW 24th road
Miami, Florida 33129
4. Date of incorporation/qualification: 03/16/2010 Document number: P10000023459
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)

Resigned

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

Best Accounting Inc

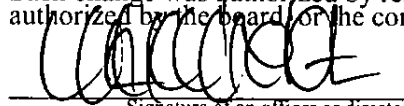
10200 NW 25th Street Suite 209

P.O. Box NOT acceptable

Doral, Florida 33172

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.

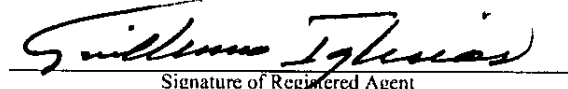


Signature of an officer or director

Luz M Paz 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

7/12/16

Date

If signing on behalf of an entity:

Guillermo Iglesias

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

FILED
16 JUL 15 AM 10:20
TALLAHASSEE, FL
STATE DEPARTMENT OF
CORPORATIONS