P11000021916

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'0CT - 7 2013 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SUNTASTIC SERVICES INTERNATIONAL INC

Name of Corporation

DOCUMENT NUMBER. P11000021916

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:

MURRAY KRASNOFF

Name of Contact Person

SUNTASTIC SERVICES INTERNATIONAL INC

Firm/Company

52 RILEY RD #188

Address

CELEBRATION FL 34747

City/State and Zip Code

MK@SUNTASTICTOURS.COM

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

For further information concerning this matter, please call:

MURRAY KRASNOFF

,407 \908-8798

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu		S
statement of change is submitted for a corporation organized under the laws of the State of FLOF		
in order to change its registered office or registered agent, or both, in the State of Florid		
1. The name of the corporation: SUNTASTIC SERVICES INTERNATIONAL INC	<u> </u>	
2. The principal office address: 800 CELEBRATION AVE STE 205		
CELEBRATION FL 34747		
3. The mailing address (if different): 52 RILEY RD #188		
CELEBRATION FL 34747		
4. Date of incorporation/qualification: 02/18/2002 Document number: P1100002	<u> 1916</u>	3
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)	e	
LEICHNER, STEVE		
1628 MONCKS CORNER		
THE VILLAGES FL 32162		SEC
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	SEP 27	
KRASNOFF, MURRAY	AM IO:	
9000 VICTORIA PARK LANE #9202		ORID
P.O. Box NOT acceptable DAVENPORT FL 33896-3216	2	>
The street address of its registered office and the street address of the business office of its reg as changed will be identical.	istered	agent,
Such change was authorized by resolution duly adopted by its board of directors or by an offic authorized by the board, or the corporation has been notified in writing of the change.		
MURRAY KRASNOFF		
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 a agent. Or, if this document is being filed merely to reflect a change in the registered office adhereby confirm that the corporation has been notified in writing of this change.	egister dress, .	red I
Signature of pegistered spent 9-/3-/3 Date		
If signing on behalf of an entity:		
Typed or Printed Name		
If signing on behalf of an entity: MURRAY M. KRASMOFF		

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