## P11000031001

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

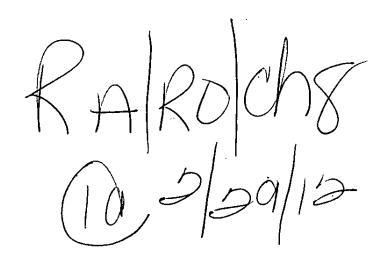


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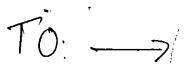
## **COVER LETTER**

SUBJECT: SURYA DINES CORP Name of Corporation  DOCUMENT NUMBER: P100003100  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:  ELSAMMA ANTONY THOMAS Name of Contact Person  SURYA PINES CORP Firm/Company  16251 NW 19TH STREET  Address  PEMBROKE PINES, FL - 33028  City/State and Zip Code  SCOSAMMA E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  PLASAMMA ANTONY Thomas  at (954, 240 - 1266 Area Code & Daytime Telephone Number	Division of Corporations		
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:  ELSAMMA ANTONY THOMAS  Name of Contact Person  Surya PINES CORP  Firm/Company  16251 NW 19 <sup>TH</sup> STREET  Address  PEMBROKE PINES, FL - 33028  City/State and Zip Code  Scrossamma & yahoo' Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:			
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ELSAMMA ANTONY THOMAS  Name of Contact Person  SURYA PINES CORP  Firm/Company  16251 NW 19 <sup>TH</sup> STREET  Address  PEMBROLLE PINES, FL - 33028  City/State and Zip Code  SCO Samma & gahoo' Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
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For further information concerning this matter, please call:			
Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number	For further information concerning this matter, please call:		
	Name of Contact Person at (954) 240 - 1266  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





## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2012

FR:

ELSAMMA A. THOMAS SURYA PINES CORP 16251 NW 19TH STREET PEMBROKE PINES, FL 33028

SUBJECT: SURYA PINES CORP Ref. Number: P11000031001

We have received your document for SURYA PINES CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 412A00007471

SIRS/MADOM PERSE SEE THE ATTACHED CORRECTED TORRESTED Thank you

www.sunbiz.org

## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SURYA PINES CORP
2. The principal office address: 16251 NW 19TH ST
PEMBROKE PINES, FL-33028
3. The mailing address (if different):
4. Date of incorporation/qualification: 03 29 11 Document number: P 1100003100
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)
BETTY MATHEW
8870 NW 39 CRT, CORAL SPRINGS, FZ-33065
RESIGNED - Fellyt,
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ELSAMMA ANTONY THOMAS
16251 NW 19TH STREET TO SEED T
PEMBROLE DINES, PL-33028 &
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 office so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or 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 Agency Date  Date
If signing on behalf of an entity:
ELSAMMA ANTONY THOMAS. 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)