

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SURYA PINES CORP
Name of Corporation

DOCUMENT NUMBER: P11000031001

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

500 samma@yahoo.com
E-mail address: (to be used for future annual report notification)

email illegible

For further information concerning this matter, please call:

ELSAMMA ANTONY THOMAS at (954) 240-1266
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



To: →

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/MADAM

RECEIVED
12 FEB 20 08:13
TALLAHASSEE, FLORIDA

PLEASE SEE THE ATTACHED CORRECTED

Documents

Thank you.

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: P11000031001

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 39TH CRT, CORAL SPRINGS, FL - 33065
RESIGNED - Betty

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
P.O. Box NOT acceptable
PEMBROKE PINES, FL - 33028

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 29 AM 11:16

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 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.

Elsamma Antony Thomas
Signature of Registered Agent

02/27/2012
Date

If signing on behalf of an entity:

ELSAMMA ANTONY THOMAS
Typed or Printed Name

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