

P12000010151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

FEB 28 2012

T. BROWN

LAW OFFICES

*James L. Case, P.A.*

SUITE 102

2810 EAST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE, FLORIDA 33306

JAMES L. CASE

(954) 563-1000  
FAX (954) 565-2047

February 21, 2012

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

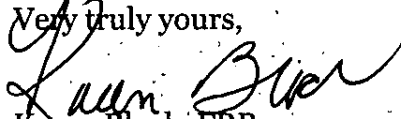
**RE: Sunset Lakes-Miramar, Inc.**

Dear Sir:

Enclosed please find a Change of Registered Office or Registered Agent Form to be filed on behalf of the above referenced corporation, together with a check in the amount of \$35.00 representing the filing fee.

Please amend your records at your earliest opportunity to reflect the change.

Very truly yours,

  
Karen Block, FRP  
Florida Registered Paralegal

KB  
Encl.

J:\COMMON\CORP\CHG.LT

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUNSET LAKES-MIRAMAR, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P12000010151

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:

James L. Case  
Name of Contact Person

James L. Case, P.A.  
Firm/Company

2810 E. Oakland Park Boulevard, #102  
Address

Fort Lauderdale, FL 33306  
City/State and Zip Code

jameslcase@att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Block at ( 954 ) 563-1000  
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 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: Sunset Lakes-Miramar, Inc.
2. The principal office address: 2810 E. Oakland Park Boulevard, #102  
Fort Lauderdale, FL 33306
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: January 30, 2012 Document number: P12000010151
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)

Fillings, Inc.

3732 NW 16th Street

Fort Lauderdale, Florida

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

James L. Case

2810 E. Oakland Park Boulevard, #102

P.O. Box NOT acceptable

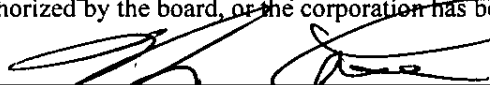
Fort Lauderdale, FL 33306

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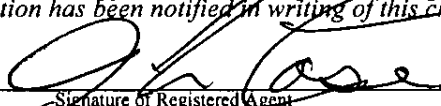
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

James L. Case  
\_\_\_\_\_  
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

2/22/12  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

James L. Case

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