## P13000018845

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| (Cil                                    | ty/State/Zip/Phone | e #)        |
|   | WAIT               | MAIL        |
| (Bu                                     | siness Entity Nar  | ne)         |
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DIVISION OF CORPOSATIONS

Ch: 15

## COVER LETTER .

| Division of Corporations  |  |  |  |
|---|--|--|--|
| SUBJECT: Sunrays of Tampa Inc. Name of Corporation  |  |  |  |
| DOCUMENT NUMBER: P 1300018845   |  |  |  |
| 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 M. Bork Name of Contact Person  |  |  |  |
| Greenberg Enterprizes Firm Company  |  |  |  |
| 3590 5. 42 nd 5t. Address   |  |  |  |
| Grand Forks ND 58201 City/State and Zip Code  |  |  |  |
| E-maidaddress: (to be used for future annual report notification)   |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |
| James Bork  Name of Contact Person  at (701) 792-9808  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  Street Address: Amendment Section Division of Corporations |  |  |  |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

## 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: Sunrays of Tampa, Inc.   |
| 2. The principal office address: 12814 N. 564h 34  |
| Jampa FL 33617   |
| 3. The mailing address (if different): 3590 5. 42 uz 34.   |
| Grand Fortes ND 58201  |
| 4. Date of incorporation/qualification: 2.24-2013 Document number: P1300018845   |
| 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)   |
| CFRA, LIC  |
| 100 5. Ashley Drive STE 400  |
|  |
| Vampa, FL 33601  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Melissa Greenberg  |
| 19415 Via Del Mer #104   |
|  |
| Tampa, FL 33647  |
| 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 charge 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.  |
| Chris Greenberg President Signature of an officer or director  Printed or typed plane 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. |
| Meele 1/27/18  |
| Signature of Registered Agent Date   |
| If signing on behalf of an entity:   |
|  |
| Typed or Printed Name  |

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