

P13000020517

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32302  
CLERK OF COURT

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sunrise Telecom, Inc

Name of Corporation

**DOCUMENT NUMBER:** P13000020577

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:

Adam Baumgartner

Name of Contact Person

Sunrise Telecom, Inc

Firm/Company

390 E Devon Suite 202

Address

Roselle, IL 60172

City/State and Zip Code

adam.baumgartner1@gmail.com

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

For further information concerning this matter, please call:

Adam Baumgartner

Name of Contact Person

at ( 224 ) 430-9123

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**

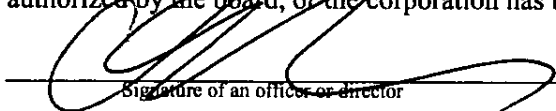
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sunrise Telecom, Inc
2. The principal office address: 390 E Devon Suite 202  
Roselle, IL 60172
3. The mailing address (if different): P.O.Box 3954  
Barrington, IL 60011-3954
4. Date of incorporation/qualification: 3/4/2013 Document number: P13000020577
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)  
Candice Walker  
507 Fayette Circle N Safety  
Harbor, FL 34695
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Candice Walker  
507 Fayette Circle N  
P.O. Box NOT acceptable  
Safety Harbor, FL 34695

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

Adam Baumgartner/President  
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

10-17-16  
Date

If signing on behalf of an entity:

Candice Walker  
Typed or Printed Name

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