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SECRETARY OF STATE OF

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Sunset International Inc Name of Corporation		
DOCUMENT NUMBER: LDA # 0104		
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:		
Nadia Piesse Name of Contact Person		
Surset Barbershop Firm/Company		
1510 15th Alle North		
Lake Unith Fl 33460 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (54) 602 - 4739 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		

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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

July 15, 2013

NADIA PIERRE SUNSET BARBERSHOP 1510 15TH AVE NORTH LAKE WORTH, FL 33460

SUBJECT: SUNSET INTERNATIONAL INC.

Ref. Number: P13000026160

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

Please complete the form in its entirety.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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: 713A00017197

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: Sunset International Inc
2. The principal office address: 1510 15th AVE North Will Worth
FL 33460
3. The mailing address (if different): 1510 15th AVE NOrth, FL 384(00)
4. Date of incorporation/qualification: 3/30/20/3 Document number: P1300002616
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)
Sandra Gabriel
1000 The Dointe Drive
West Palm Beach FL, 32409
÷ 250
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
15/0 15th Ale North P.O. Box NOT acceptable
15/0 15th Ale North P.O. Box NOT acceptable Lake Worth FL 33466
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 Signature of an officer or director 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.
evil Signature of Registered Agent Mg 10, 2013 Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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