

P13000058818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

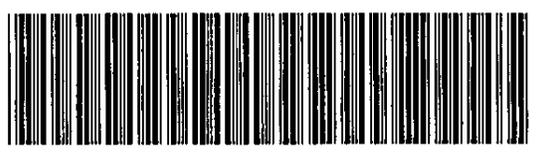
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNSHINE State Coating, Inc.
Name of Corporation

DOCUMENT NUMBER: P13000058818

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:

Mickel Castro
Name of Contact Person

Mickel Castro / SUNSHINE state Coating, Inc
Firm/Company

639 Arrow Lane
Address

Kissimmee, Florida 34746
City/State and Zip Code

Mickel@SUNSHINEstatecoating.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mickel Castro at (407) 780-8883
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: SUNSHINE state Coating, Inc
2. The principal office address: 639 Arrow Lane
Kissimmee, Florida 34746
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/11/2013 Document number: P130000 58818

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)

Mickel Castro
11245 South Orange Blossom trail suite 307
Orlando, Florida 32837

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

Mickel Brian Castro
639 ARROW Lane
P.O. Box NOT acceptable
Kissimmee, Florida 34746

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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.

Mickel B Castro
Signature of an officer or director

Mickel B Castro CEO
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.

Mickel B Castro
Signature of Registered Agent

1/04/2016
Date

If signing on behalf of an entity:

Typed or Printed Name

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