

P15000048916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

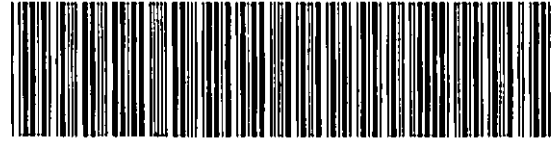
(Business Entity Name)

(Document Number)

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2018 JAN 22 PM 2:08
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2A/R0/ch8

JAN 24 2018
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNSHINE STATE RARE COINS, INC
Name of Corporation

DOCUMENT NUMBER: P15000048916

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:

MICHAEL BOOKSTON

Name of Contact Person

SUNSHINE STATE RARE COINS.

Firm/Company

264 SOUTH UNIVERSITY DRIVE

Address

PLANTATION FL 33324

City/State and Zip Code

sunshinerarecoins@gmail.com

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

For further information concerning this matter, please call:

MICHAEL BOOKSTON

Name of Contact Person

at (954) 990-6833

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 FL 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 RARE COINS, INC.
2. The principal office address: 264 SOUTH UNIVERSITY DRIVE
PLANTATION, FL. 33324
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/02/2015 Document number: P15000048916

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)

MARK S GRAND

4010 SHERIDAN STREET

HOLLYWOOD FL 33021

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

MICHAEL BOOKSTON

264 SOUTH UNIVERSITY DRIVE

P.O. Box NOT acceptable

PLANTATION FL 33324

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STATE OF FLORIDA
TALLAHASSEE

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 of director

MICHAEL BOOKSTON P/D

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

01/17/2017

Date

If signing on behalf of an entity:

Typed or Printed Name

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