

P16000009835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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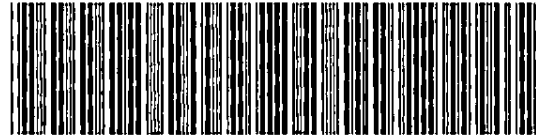
(Business Entity Name)

(Document Number)

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2018 MAR -5 AM 10:24

MAR 07 2018
C. MCNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

2016 MAR -5 AM 10:06

SUBJECT: Sunrise Sober Living
Name of Corporation

DOCUMENT NUMBER: P16000009835

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:

Jude Prisco
Name of Contact Person

Sunrise Sober Living
Firm/Company

3000 N.W. 101st Ln
Address

Coral Springs, FL 33065
City/State and Zip Code

Evan @ the Edge Recovery.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jude Prisco at (561) 674-2696
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: Sunrise Sober Living
2. The principal office address: 3000 N.W. 101st Ln
Coral Springs, FL 33065
3. The mailing address (if different): _____

4. Date of incorporation/qualification: Feb. 7th 2018 Document number: PL6000009835
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)

Kim Chaddo
3000 N.W. 101st Ln
Coral Springs, FL 33065

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

Jude Prisco
3000 N.W. 101st Ln
Coral Springs, FL 33065

P.O. Box NOT acceptable

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.

J. Prisco
Signature of an officer or director

J. Prisco
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.

J. Prisco
Signature of Registered Agent

2/27/18
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

2018 MAR -5 AM 10:36