## P9400009653

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:							
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)						
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status							
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)						
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status							
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)						
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Addless)						
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status							
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)						
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status							
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status							
(Document Number) Certified Copies Certificates of Status	,						
(Document Number) Certified Copies Certificates of Status	(Rusiness Entity Name)						
Certified Copies Certificates of Status	(Business Entity Harrie)						
Certified Copies Certificates of Status	•						
Certificates of Status	(Document Number)						
Certificates of Status	;						
Special Instructions to Filing Officer:	Certified Copies Certificates of Status						
Special Instructions to Filing Officer:							
Special Instructions to Filing Officer:							
	Special Instructions to Filing Officer:						





200161226552

10/05/09--01011--027 \*\*35.00

FILED

09 OCT -5 PH 4: 28

SECRETARY OF STATE
TALLAHASSEE, FI DOLLAHASSEE

1/2/V

## **COVER LETTER**

TO:	Amendment Section Division of Corpora	tions						
SUBJECT: Sun Coast Roofing, Inc.								
		Name of Co	rporation					
DOCL	MENT NUMBER:	P940	00009653					
The en	closed Statement of C	Change of Registered Office	/Agent and fee are subn	nitted for filing.				
Please	return all corresponde	ence concerning this matter	to the following:					
	·	•	-					
		Thomas F.	Salzmann					
	-	Name of Con	tact Person					
	Sun Coast Roofing, Inc.							
		Firm/Co		·				
		P.O. Bo	v 7969					
		Addr						
		Naples, Fl. 3 City/State and	4101-7969	· · · · · · · · · · · · · · · · · · ·				
		City/State and	d Zip Code					
		www.euncoaetroofir	na@comcast net					
	www.suncoastroofing@comcast.net  E-mail address: (to be used for future annual report notification)							
				·····				
For fur	ther information conc	erning this matter, please ca	all:					
	Susan L	Salzmann	/ 239	352-8578				
······································	Name of Cor		Area Code & Day	352-8578 time Telephone Number				
			•	•				
Enclos	ed is a \$35.00 check r	nade payable to the Departi	ment of State.					
	<u>Mai</u>	ling Address:	Street Addres	<u>s:</u>				
	Am	endment Section	Amendment :					
	·	ision of Corporations	Division of C	-				
		. Box 6327	Clifton Build	<del>U</del>				
	Tal	lahassee, FL 32314		ve Center Circle				
			Tallahassee	FL 32301				

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chan	rovisions of sections 607.0 ge is submitted for a corpe to change its registered o <u>j</u>	oration organized	l under the laws of the Si	tate of Florida			
	e corporation: Sun Co			4116			
3. The mailing add	dress (if different): P.O.	Вох 7969 Na <sub>l</sub>	oles Florida 34101				
4. Date of incorpo	oration/qualification:	1/27/94	Document number:	P9400009653			
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)							
<u>.</u>	Advocate's Legal Clir	nic A Private L	aw Firm				
9	c/o All Florida Firm Ir	nc.					
<u>.</u>	813 Deltona Blvd. Su	ite A Deltona	Florida 32725	SECRE Fered office APH			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
<u>:</u>	Sun Coast Roofing Ir	nc.		PH 4:			
5720 Golden Gate Pkwy							
<u>[</u>	28 TATE ORIDA						
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.							
•	authorized by resolution board or the corporation						
Jomas Signature	of an officer or director		Thomas F. Salz	mann President			
I hereby accept to I further agree to of my duties, and document whein		ered agent and a ons of all statutes occept the obligat change in the re f this change.	**	city. and complete performance egistered agent. Or, if this I hereby confirm that the			
Signa	ature of Registered Agent		10/1 Date	1/09			
If signing on beh	alf of an entity:						

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