

P94000058712

Requestor's Name

*Arete G. Savas-Citrin  
Sans Souci, Inc.  
4990 Shoreline Circle  
Lake Forest, FL 32771*

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Handwritten:*  
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R116  
0098  
5-10-97

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

**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, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Sans Sougi Inc.

2. The mailing address of the corporation is: 4990 Shoreline Circle,  
Sanford, Florida 32771

3. Date of incorporation/qualification: August 8<sup>th</sup>, 1994 Document number: P94000058712

4. The name and address of the current registered agent and office:

Larry Wolfe  
200 A John Knox Road  
Tallahassee, FL 32303-6643, County of Leon

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Arete Savas-Citrin  
4990 Shoreline Circle  
Sanford, Florida 32771, Her office is same address

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.

Arete Savas-Citrin President 5/9/97  
(Signature of an officer, chairman or vice chairman of the board) (Date)

ARETE SAVAS-CITRIN PRESIDENT  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Arete Savas-Citrin  
(Signature of Registered Agent)

5/9/97  
(Date)

If signing on behalf of an entity:

ARETE SAVAS-CITRIN  
(Typed or Printed Name)

PRESIDENT  
(Capacity)