## P97000066522

(Reque	estor's Name)			
(Addre	ss)			
(Addre	ss)			
(City/S	tate/Zip/Phon	ne #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Docur	nent Number			
Certified Copies	Certificate	s of Status		
Special Instructions to Fili	ng Officer:			
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE FI CARE

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

		5 T5 611 1116				
SUBJECT:	SUBJECT: SUNSHINE COLOR TECH. INC.  Name of Corporation					
DOGULARNIM NIV	4000 P07	700006652				
	DOCUMENT NUMBER: P9700006652					
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:						
	ALICIA VISBAL  Name of Contact Person					
-	Name of Co	ntact Person				
SUNSHINE COLOR TECH. INC.						
•		ompany				
	3801 N.W.	32 AVENUE				
•	Address					
	MIAMI F	FI 33142				
MIAMI, FL 33142 City/State and Zip Code						
_	F	5.4	antinu)			
E-mail address: (to be used for future annual report notification)						
For further information	tion concerning this matter, please	call:				
	ALIOIA MIODAL	700	000 0040			
	ALICIA VISBAL ne of Contact Person	at ( <u>786</u> ) Area Code & Daytir	262-0013 ne Telephone Number			
Naii	ic of Comact i cison	Anda Codo & Bayan	ne retephone rumoer			
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address	Street Address				
	Mailing Address: Amendment Section	Street Address: Amendment Se	ction			
	Division of Corporations	Division of Co				
	P.O. Box 6327	Clifton Buildin	-			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	ange is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Flor tion organized under the laws of the State tor registered agent, or both, in the State	of FLORIDA
1. The name of	the corporation: SUNSHIN	E COLOR TECH. INC.	
2. The principal	office address: 3801 N.W. 3	32 AVENUE	
<del></del> -	MIAMI, FL 3	33142	
3. The mailing a	address (if different): 3800 S.	W 106 AVENUE	
	MIAMI,	FL 33165	
4. Date of incor	poration/qualification:	0179/997 Document number:	P97000066522
	d street address of the current re rtment of State: (If resigned, ent	gistered agent and registered office on filer resigned)	e with the
	SUNSHINE COLOR TE	CH. INC. Maria Alfon	150
	3800 S.W. 106 AVENUE	E	
	MIAMI,FL 33165		
6. The name and (if changed):	d street address of the new regis	tered agent (if changed) and /or registered	₩ <b>5</b> 5 .
	SUNSHINE COLOR TE	CH. INC. Maria Alfons	
	3801 N.W 32 AVENUE	<u> </u>	PN 3
	MIAMI, FL 33142	P.O. Box NOT acceptable	A I E
The street address changed will	ess of its registered office and the identical.	the street address of the business office	of its registered agent,
Such change was authorized by the	as authorized by resolution dul he board, or the corporation ha	ly adopted by its board of directors or by seen notified in writing of the change	y an officer so
x May		MARIA ALFONSO-	
	t the appointment as registered to comply with the provisions of al I am familiar with and acce ing filed merely to reflect a cho s been notified in writing of thi	Printed or typed name:  I agent and agree to act in this capacity, of all statutes relative to the proper and on the obligation of my position as regisinge in the registered office address, I his change.	
x relf	enature of Registered Agent	08-19-20	09
	enature of Registered Agent	Date	
	'yped or Printed Name		
	* * * 1011	I INC FEE. \$25 OO * * *	

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)