Request r's N		OD	94	62	5
Sunshine Landson 1464 Lake Breeze Dr. Wellington FL 33414	•				
City/State/Zip	Phone #				
			Office Us	e Only	

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

l.	
(Corporation Name)	(Document #)
2	- (O)
(Corporation Name)	(Document #)
	9000030243696
3.	<u>-10/25/9901</u> 128018
(Corporation Name)	(Document #) ******70.00 *****35.00
4	
(Corporation Name)	(Document #)
	Certified Copy
Walk in Pick up time	Certified Copy—
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
Will wait	
	F 07 63
NEW FILINGS	AMENDMENTS REPORT AND A REPORT
☐ Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
<u> </u>	Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
Domestication	Dissolution Windrawar
☐ Other	☐ Merger
OTHER EH INCS	REGISTRATION/QUALIFICATION
OTHER FILINGS	MEGISTRATION CONDITIONAL DO
Annual Report	☐ Foreign
Fictitious Name	Limited Partnership
1 fethlous Name	Reinstatement \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Trademark
	Other
	Examiner's Initials

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

	provisions of sections 607.0502, 6			
	l corporation organized under the law			
•	owing statement in order to change i	ts registered offi	ice or register	ed agent, or both, in
the State of Flor	rida. the corporation is: SUNSHIN	IF I MINE	Ch Dinse	TOM DAKIN
1. The name of	the corporation is: SOIOSITIA	C CHANDS	CALPINOG (SCHEPAGY
2. The mailing a	address of the corporation is: 14	64 LAKE	BDEEZE	Dr.
	<u>u</u>	elling to	ა F(કે	3414
3. Date of incom	rporation/qualification: NOV &	. 1997 Docu	ment number:	P9700009462
4. The name and	d address of the current registered ago	ent and office:	.,	
_	YESMINA PULI	20		29 G T
	5146 CANAL C	iecle Souti	Н	
•	LAKE WORTH			N P P
5. The name and	d address of the new registered agent			ceptable) or N
_	MARCOS VA	ZOUEZ		
_	8597 TOURMA	line blu	D	1. k 1. k - 1. k -
-	BOYNTON BEA	CH FL :	33437	
The street addreagent, as change	ess of its registered office and the streed, will be identical.	eet address of th	e business off	ice of its registered
Such change was authorized by the	as authorized by resolution duly ado ne/board.	pted by its board	l of directors o	r by an officer so
	and Vingreel		OCT	8,1999
(Signature	of an officer, chairman or vice chairman of the	ooard)	(L	Jate)
MARC	DS VAZWEZ PRE (Printed or typed name and title)	TUBLIZ		en e
Having been no corporation, I h I further agree performance of registered agen	umed as registered agent and to acce hereby accept the appointment as re to comply with the provisions of all my duties, and I am familiar with a	ept service of progistered agent as statutes relative nd accept the ob	ocess for the a nd agree to ac to the proper i ligation of my	bove stated t in this capacity. and complete position as
2/2	d Vingueri		OCT 8.	1999
	ignature of Registered Agent)	· · · · · · · · · · · · · · · · · · ·	(Date)	
If signing on behal	f of an entity:			
	Typed or Printed Name)		(Capacity)	

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