

P980000024308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

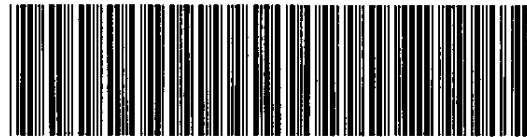
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
14 JAN -2 AM 11:42

No change

JAN 10 2014
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunshine Quest Realty Inc.
Name of Corporation

DOCUMENT NUMBER: P98000024308

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:

Emanuel A. Moore
Name of Contact Person

Sunshine Quest Realty Inc - 59-3501881
Firm/Company

2900 Old Canal Creek Rd
Address

Sant Cloud Fla 34772
City/State and Zip Code

hilda@sunshinequest.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hilda Moore at (407) 301 8061
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: Sunshine Quest Realty Inc.
2. The principal office address: 2900 Old Canal Creek Rd
Saint Cloud Fla 34772
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 03/13/1998 Document number: P98000024308
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)

Emanuel A. Moore
111 E Monument
Kissimmee Fla 34741

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

Emanuel A. Moore
2900 Old Canal Creek Road
Saint Cloud Florida 34772

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.

Emanuel A. Moore
Signature of an officer or director

Emanuel A. Moore
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.

Emanuel A. Moore
Signature of Registered Agent

12/23/2013
Date

If signing on behalf of an entity:

Emanuel A. Moore
Typed or Printed Name

Hilda Garcia-Moore
Hilda Garcia - Moore

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

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

CR2E045 (03/12)

cc. We called and emailed change but not done

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JAN -2 AM 11:42

Please change our address. Urgent please change. We are losing this