## P98000593412

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
(Do	cument Number	) .			
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SEURETARY OF STATE



## **COVER LETTER**

то:	Amendme Division	ent Section of Corporations					
SUBJ	ECT:S	Sunshine 200	00 Construction	on & De	evelopn on	nent, In	C.
DOCI	JMENT N	UMBER:	P98	300009	3412	··	
The er	closed Stat	ement of Change	of Registered Offi	ce/Agent	and fee are	submitte	d for filing.
Please	return all c	orrespondence co	ncerning this matte	er to the fo	ollowing:		
-			James Name of C	E. Burke		•	
			Name of Co	omact i ci	30H		
		Sunshine	2000 Constru		Developm	nent, Inc	
			Firm/C	ompany			
				nito Lan	e		
	•		Ad	dress	•		
			Key Largo City/State a	o, FL 330 and Zip Co	037 ode		. · ·
		E-mail address	sunshine2000 : (to be used for	)jeb@ao future an	l.com nual repo	rt notifica	ation)
For fu	ther inform	nation concerning	this matter, please	call:			
		James E. Burl	ke	at (	305	<b>,</b>	367-0054
	Na	ime of Contact Per	rson	A	rea Code &	z Daytime	367-0054 Telephone Number
Enclos	ed is a \$35.	00 check made pa	yable to the Depa	rtment of	State.		
		P.O. Box 6	nt Section  f Corporations		Division Clifton 1 2661 Ex	nent Sect of Corp Building	orations Center Circle

TO:

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

statement of ch	ange is submitted for a co	orporation organiz	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	of Florid	
	the corporation: Suns		onstruction & Develo	opment,	Inc.
3. The mailing	address (if different): Sal	me			
4. Date of incom	poration/qualification:	11-4-98	Document number:	P9800	0093412
	d street address of the cur urtment of State: (If resign		ent and registered office on fil	e with the	10 JUL
we a derived to the second sec	Samuel Persaud, F	ΡΑ	• •		禁气
	201 N. Krome Ave	#200			
	Homestead, FL 33	030	,		AHII: 03
6. The name an (if changed):		_	(if changed) and /or registered	d office	
	3330 NE 190 Stree			<del></del>	
	3330 NE 190 30 66	P.O. Box NOT a	cceptable	_ <del></del>	
	Aventura, FL 33180	0		<del></del>	
The street addr	ess of its registered offic l be identical.	e and the street ac	ddress of the business office	of its regis	tered agent,
Such change w	as authorized by resoluti	on duly adopted b	by its board of directors or be field in writing of the change	y an office	so
· Van	ire of an officer or director	he	James E. I	Burke	
I hereby dccept I further agree of my duties, an document is be corporation ha	t the appointment as regit to comply with the proving I am familiar with and ing filed merely to reflect been notified in writing	istered agent and sions of all statute d accept the oblig t a change in the g of this change.	agree to act in this capacity es relative to the proper and ation of my position as regis registered office address, I h	complete p tered agen tereby conf	performance Or, if this irm that the
	grature of Registered Agent		6-25-10	0	
	chalf of an entity:		Date		
	avid C. Silbergleti	<u> </u>			

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

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