

P99000019737

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

DQW

REGISTERED AGENT CHANGE

SUNRISE INSURANCE AGENCY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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DQW

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: SUNRISE INSURANCE AGENCY, INC.
2. The principal office address: 12260 SW 53rd St., Suite 601B, Cooper City, FL 33330
3. The mailing address (if different): 9752 SW 1st St., Fort Lauderdale, FL 33324
4. Date of incorporation/qualification: 02/26/1999 Document number: P99000019737
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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

Theresa A. Plastino

9752 SW 1st St.

(P.O. Box NOT acceptable)

Fort Lauderdale, FL 33324

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.

Theresa A. Plastino  
(Signature of an officer or director)

Theresa A. Plastino  
(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.

By: Theresa A. Plastino  
(Signature of Registered Agent)

2/10/09  
(Date)

If signing on behalf of an entity:

Theresa A. Plastino

(Typed or Printed Name)

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

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

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