P99000082910

(Re	equestor's Name)							
(Address)								
(Ac	ldress)							
(Cit	ty/State/Zip/Phone	e #)						
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COVER LETTER

TO: Amendment Section Division of Corporations								
SUBJECT: SUNSHINE STRUCTURES TNC (Name of Corporation)								
DOCUMENT NUMBER: P990000 8 2910								
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:								
ERNEST A STUART (Name of Contact Person)								
SUNSHING STRUCTURES INC. (Firm/Company)								
5565 Lee ST #1 (Address)								
Le HIGH ACRES, FL 33971 (City/State and Zip Code)								
For further information concerning this matter, please call:								
TRNIE STUART at (Z39) 303-1001 (Area Code & Daytime Telephone Number)								
Enclosed is a \$35.00 check made payable to the Department of State.								
-· · · -								
Mailing Address: Amendment Section Street Address: Amendment Section								
Division of Corporations Division of Corporations								

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Tallahassee, FL 32314

P.O. Box 6327

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

Pursuant to the provi statement of change i in order to c		r a corporatio	on organiz	zed unde	r the law	s of the	State of	FLORID	
1. The name of the co									
2. The principal offic	e address:	5565	Lee	5 r.	母/,	LeH.	GH AC	ees, F	L 339 <i>71</i>
3. The mailing address	ss (if different):					•		
4. Date of incorporati	ion/qualification	on: <u>9/99</u>		Doc	cument n	umber: _	P990	0008	2910
5. The name and stree Florida Departmen		he current reg	istered ag	ent and i	egistere	d office o	on file with	the	
· 	ERNES	TAS	TUAR	τ					
		. WALLA							0
		4 ACRES						Q	
6. The name and stree (if changed):	et address of the	he new registe	ered agent	(if chan	ged) and	l/or regis	stered offic	e	SECRETARY OF ARA 1: 36
	ERNEST								2
	5565	Lee ST	Reet	#/					*. 'Y
		H ACRES	· ·						
The street address of as changed will be id	f its registered dentical.	l office and the	he street a	ıddress (of the bu	siness of	ffice of its	registered	l agent,
Such change was au authorized by the bo	thorized by re ard, or the co	solution duly	adopted been not	by its b	oard of o	directors of the ch	or by an oange.	fficer so	
Emest a. (Signature of a	Juan in officer or director	or)	· ·	<u> </u>	20E≤1	r A S	STUART d name and till	. VA	. <u> </u>
I hereby accept the c I further agree to co of my duties, and I a document is being fi corporation has bee	appointment a mply with the m familiar wi led merely to n notified in v	s registered provisions o th and accep reflect a cha vriting of this	agent and f all statu t the oblig nge in the change.						
Emeth	Duran	Ò	_		1	0-7-1	06		
(Signature) If signing on behalf	-					(Dat	e)		
	· · · · · · · · · · · · · · · · · · ·		_						
(Typed o	or Printed Name)	* * * FIL	ING FEI	E: \$35.0	0 * * *				

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