

P990000 86992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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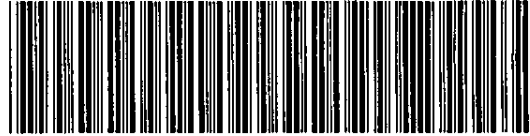
(Business Entity Name)

(Document Number)

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15 AUG 24 AM 7:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015  
AUG 25  
J. J. J. J. J.  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sunburst Restaurant, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P99000086992

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:

Michael S. Smith, Esq.

Name of Contact Person

Smith, Smith & Curtis, P.A.

Firm/Company

411 North Washington Street / P.O. Drawer 579

Address

Perry, FL 32347

Perry, FL 32348

City/State and Zip Code

mike@smithcurtis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael S. Smith

Name of Contact Person

at ( 850 ) 584-3812

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: Sunburst Restaurant, Inc.

2. The principal office address: 21055 Beach Road  
Perry, FL 32348

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/29/1999 Document number: P99000086992

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)

John L. Haskins, deceased

21055 Beach Road

Perry, FL 32348

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

Michael S. Smith, Esq.

411 North Washington Street

P.O. Box NOT acceptable

Perry, FL 32347

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.

Sharon Haskins  
Signature of an officer or director

Sharon Haskins, President  
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.*

Michael S. Smith  
Signature of Registered Agent

August 19, 2015  
Date

If signing on behalf of an entity:

Michael S. Smith

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

CR2E045 (03/12)

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