AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-25-2002 90196 030 ***61.25
P99000109978

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -8 AM 7:54

DOCUMENT # P99000109978

1. Entity Name
Sunnn Kitchen, INC.

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427821

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2. Principal Place of Business		3. Mailing Address	
74 South Barrett SQ		102 Chrysler	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Rosemary Beach FL		City & State: SANTA ROSA Beach	
Zip: 32413	Country	Zip: 32459	Country

4. FEI Number: 59-3577357 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JAMES E. Dillon
Street Address (P.O. Box Number is Not Acceptable): 102 Chrysler Ave
City: SANTA ROSA Beach FL Zip Code: 32459

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] JAMES E. DILLON, President — 3/5/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	JAmes E. Dillon	NAME	
STREET ADDRESS	102 Chrysler Ave.	STREET ADDRESS	
CITY-ST-ZIP	SANTA Rosa Beach, FL 324	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] — 3/5/2002 — 850-231-6264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #