749609

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	∍ #)
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TRANSMITTAL LETTER

SUBJECT: Fairways of Sunrise	(Name of corporation)
DOCUMENT NUMBER: 7496	609
The enclosed Statement of Chang	ge of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Tamar Duffner Shendell, Esq.	
(Name of p	erson)
Shendell & Associates, P.A.	
(Name of firm/o	company)
3650 N. Federal Highway, #202	
(Addres	ss)
Lighthouse Point, FL 33064	
(City/state and a	zip code)
For further information concernir	ng this matter, please call:
Tamar Duffner Shendell	at (954) 781-3747 (Area code & daytime telephone number)
(Name of person)	(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 409 E. Gaines Street Tallahassee, Fl. 32399

TO: Amendment Section Division of Corporations

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, of change is submitted for a corporation organized under the laws of the State of		
Florida	of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State		
of Florida.	دي		
1. The name of	the corporation: Fairways of Sunrise Homeowners Association, Inc.		
2. The principal Sunrise, FL	l office address: 2811 NW 80th Avenue 33322		
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 11/01/1979 Document number: 749609		
	ad street address of the current registered agent and registered office on file with the artment of State:		
	Shendell Miller & Shendell, P.A.		
	3650 N. Federal Highway, #202		
	Lighthouse Point, FL 33064		
	nd street address of the new registered agent (if changed) and /or registered office (if		
changed):	Tamar Duffner Shendell, Esq.		
	Shendell & Associates, P.A., 3650 N. Federal Highway, #202		
	(P.O. Box or personal mailbox NOT acceptable) Lighthouse Point, FL 33064		
The street addragent, as change	ress of its registered office and the street address of the business office of its registered ged will be identical.		
Such change wanthorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.		
(Signature of an office	TANA ARONSON, DRESIDENT (Printed or typed name and tiple)		
I hereby accep I further agree performance o registered age office address.	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as one. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change.		
	Signature of Registered Agent) (Date)		
If signing on beha			
Tame	- Duffner Shensell		
	(Capacity) *** FILING FEE: \$35.00 ***		