750084

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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R.A. Change

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: SUNRISE LAKES CONDOMIN (Name of Co	NIUM-PHASE 4 INC 1
(Name of Co	rporation)
DOCUMENT NUMBER: 750084	
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:
F THOMAS	SEPTEMBRE
(Name of Con	SEPTEMBRE tact Person)
LAW OFFICES OF (Firm/Co	FRANK WOLLAND mpany)
12865 WEST DIXIE HIG	HWAY, SECOND FLOOR
(Addr	ess)
NORTH MIAM (City/State and	I, FLORIDA 33161 d Zip Code)
For further information concerning this matter, please ca	all:
E. THOMAS SEPTEMBRE (Name of Contact Person)	at (<u>305</u>) <u>899.8588</u> (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departs	ment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 alialiassee, FL 32314	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: SUNRISE LAKES CONDOMINIUM PHASE 4, INC.1
2. The principal office address: C/O CAMPBELL MWI, INC. 4373 ROCK ISLAND ROAD,
LAUDERHILL, FLORIDA 33319
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/06/1979 Document number: 750084
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)
A & M PROPERTY MGMT., INC.
3475 HIATUS ROAD
SUNRISE, FL 33351 US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
FRANK WOLLAND, ESQ.
12865 WEST DIXIE HIGHWAY, SECOND FLOOR (P.O. Box NOT acceptable)
NORTH MIAMI, FLORIDA 33161 US
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.
(Signature of an officer or director) FRANK BIESELER / 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.
2/1/1/08
(Signature of Registered Agent) FRANCE WOLLAUD (Date)
If signing on behalf of an entity:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

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