

763504

(Requestor's Name)

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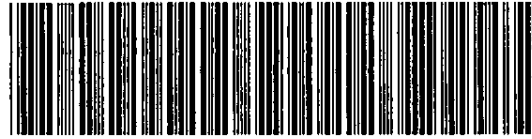
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 0910

APR 11 2013

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunflower Margate Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 763504

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:

David Chamberlain
Name of Contact Person

Sunflower Margate Association, Inc.
Firm/Company

P.O. Box 772488
Address

Margate, FL 33063
City/State and Zip Code

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

For further information concerning this matter, please call:

Tamar Shendell at (954) 781-3747
Name of Contact 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
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: Sunflower Margate Association, Inc.

2. The principal office address: 7807 Sunflower Drive, Margate, FL 33063

3. The mailing address (if different): PO Box 772488, Coral Springs, FL 33077

4. Date of incorporation/qualification: 06/02/1982 Document number: 763504

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)

David Chamberlain
7709 NW 20th Street
Margate, FL 33063

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

Shendell & Associates, P.A.
3650 N. Federal Highway, Suite 202
P.O. Box NOT acceptable
Lighthouse Point, FL 33064

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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.

David A. Chamberlain
Signature of an officer or director

David A. Chamberlain
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.

David A. Chamberlain
Signature of Registered Agent

Apr. 12, 2013
Date

If signing on behalf of an entity:

Tamar Duffner Shendell
Typed or Printed Name

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