14/2015

Florida Department of State

Division of Corporations

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Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

WEST SUNRISE COMMERCIAL PARK ASSOCIATION, INC.

Certificate of Status	0
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Page Count	02
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RA Change

12-31-08

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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: West Sunrise Commercial Park Association, Inc.

2. The principal office address: 3401 N. Miami Avenue, Suite 240, Miami, Florida 33127

3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 2/11/1991 Document number: N42015

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)

Hall J. Cohen

3325 S. University Drive, Suite 210

Davie, Florida 33328

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

Michael Samuel

3401 N. Miami Avenue, Suite 240
(P.O. Box NOT acceptable)

Miami, Florida 33127

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) Michael Samuel Mgr
(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.

(Signature of Registered Agent) 12/26/00
(Date)

If signing on behalf of an entity:

Trikon Sunrise Associates, LLC
(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

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