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## **COVER LETTER**

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TO: Amendment Section Division of Corporations

SUBJECT: Sun Island Association, Inc. Name of Corporation

## DOCUMENT NUMBER: 720842

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:

Daniel J. Greenberg, Esq.		
Name of Contact Person		
Greenberg Nikoloff, P.A.		
Firm/Company		
1964 Bayshore Boulevard, Suite A		
Address		
Dunedin, FL 34698		
City/State and Zip Code		
lmuhametaj@condominiumassociates.com		
E-mail address: (to be used for future annual report notification)		
	c 707	2002
For further information concerning this matter, please call:	····	
Daniel J. Greenberg, Esq. at ( <u>727</u> ) 738-1100	· · · ·	
Name of Contact Person Area Code & Daytime Telep		
Enclosed is a \$35.00 check made payable to the Department of State.		ي. و

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address: Amendment Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## 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: <u>Sun Island Association</u>, Inc.

2. The principal office address: <u>c/o Condominium Associates</u>, 3001 Executive Drive, Suite 260, Clearwater, FL 337

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

4. Date of incorporation/qualification: \_\_\_\_\_\_ Document number: \_\_\_\_\_\_

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)

Eric Appleton

215 N. Howard Avenue, Suite 200

Tampa, FL 33606

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

	Greenberg Nikoloff, P.A.		2023	
-	1964 Bayshore Boulevard, Suite A		النال ا	
-	P.O. Box NOT acceptable		1	•
	Dunedin, FL 34698		-10	
-		1	, <u>s</u>	د میں۔ قوری -
The street address as changed will b	of its registered office and the street address of the business office of its e identical.	registere	agent	,

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.

of an officer or director

Printed or typed name and ff

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

6/30/23

If signing on behalf of an entity:

Daniel J. Greenberg

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 CR2E045 (04/13)