## 723376

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
| (Ac                     | ldress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | ısiness Entity Nar | me)         |
| `                       | ,                  | ,           |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    | _           |
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LAW OFFICES

## MARTIN & MARTIN, P.A.

ROBERT C MARTIN, JR.

319 SOUTHEAST 14TH STREET FORT LAUDERDALE, FLORIDA 33316-1929

> FAX (954) 522-8610 TELEPHONE (954) 524-5331

September 22, 2020

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

Re: Sunny Shores Condominium Association, Inc./

General/Change of Registered Agent

Dear Sir/Madam:

Enclosed please find the following:

- 1. Statement of Change of Registered Office/Agent: and
- 2. Our check in the sum of \$35.00 made payable to Department of State.

Please file this document and provide us with a file stamped copy of same.

Should you have any questions, please feel free to contact me.

Very truly yours,

MARTIN & MARTIN, P.A.

Robert C. Martin

RCM:skk enclosures

ee: Mariano Mazza, President Linda C. Deal, LCAM

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

| statement of che   | provisions of sections 607.0502, 617.0502,<br>ange is submitted for a corporation organiz<br>er to change its registered office or register  | ed under the laws of the State of FLOR  | RIDA                                  | _                        |
|--|--|---|---------------------------------------|--------------------------|
| 1. The name of   | the corporation: SUNNY SHORES CONDO  | MINIUM, INC.  |                                       |                          |
| 2. The principal   | office address: 3716 N.E. 168th Street, North  | n Miami Beach, FL 33160   |                                       |                          |
|  |  |   |                                       |                          |
| 3. The mailing   | address (if different): 4800 N. State Road 7,  | Suite 105, Lauderdale Lakes, FL 33319   |                                       |                          |
| 4. Date of incor   | poration/qualification: 5/11/1972  | Document number: 723376   |                                       |                          |
| 5. The name an Florida Depa  | d street address of the current registered age<br>rtment of State: (If resigned, enter resigned  | ent and registered office on file with the  | e                                     |                          |
|  | The Frydman Law Group  |   |                                       |                          |
|  | 3111 N. University Drive, Suite 403  |   | 2020                                  |                          |
|  | Coral Springs, FL 33065  | 57.5<br>44  | 20 SEP                                | ;4 <b>1</b><br>!         |
| 6. The name an (if changed):   | d street address of the new registered agent   | (if changed) and /or registered office?   | 25 P                                  | ,                        |
|  | Martin & Martin, P.A.  | <u></u>   | ₹ .ÿ                                  |                          |
|  | 319 S.E. 14th Street   | L. L  | 0 <b>7</b>                            | 44. *                    |
|  | P.O. Box 1<br>Ft. Lauderdale, FL 33316   | NOT acceptable  |                                       |                          |
| The street addr  | ess of its registered office and the street a  | ddress of the business office of its reg  | gistered a                            | gent,                    |
|  | ras authorized by resolution duly adopted land bound, or the corporation has been not  |   |                                       |                          |
|  | My   | MARIANO MAZZA, President  |                                       |                          |
| I hereby accept I further agree of my duties, ar document is being corporation has | t the appointment as registered agent and the appointment as registered agent and the second with the provisions of all states of all states and I am familiar with and accept the obligating filed merely to reflect a change in the property of this change. | Printed or typed name and title agree to act in this capacity. es relative to the nroper and somplet ation of my position as registered age registered office address, I hereby con | e perfern<br>int. Or, ij<br>nfirm tha | nance<br>I this<br>I the |
|  | enature of Registered Agent<br>Chalf of an entity:   | / 1 <sup>mc</sup>   |                                       |                          |
| ROBERT   | C. MARTIN President  yped or Printed Name  |   |                                       |                          |
|  | + + + DILING DEG   | • CIC NA * * *  |                                       |                          |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)