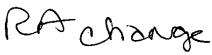
742106

(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:

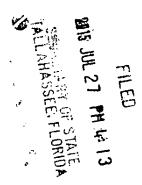
Office Use Only



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JUL 28 2015 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. Sunrise Island Condominium Association III, Inc.

Name of Corporation

DOCUMENT NUMBER 742106

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:

Leigh Hendler

Name of Contact Person

Leigh Hendler CPA

Firm/Company

1515 University Drive Suite 107A

Address

Coral Springs, FL33071

City/State and Zip Code

Ihendler@bellsouth.net

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

For further information concerning this matter, please call:

Joy Price

.,954-

746-9067

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

-	ions of sections 607.0502, 617.0502, 607 s submitted for a corporation organized u	7.1508, or 617.1508, Florida Statutes, this under the laws of the State of Florida	
in order to ch	hange its registered office or registered a	gent, or both, in the State of Florida.	
1. The name of the cor	porterior.	minium Association III, Inc.	
2. The principal office	address: 4025 N. Nob Hill Rd		
	Sunrise, FL 33351		
3. The mailing address	s (if different): 1515 University Dr	ive Suite 107A	
	Coral Springs, FL 3		
4. Date of incorporation	on/qualification: 3/31/1978	Document number: 742106	
	t address of the current registered agent a of State: (If resigned, enter resigned)	and registered office on file with the	
Kay	re, Bender, Rembaum		
120	0 Park Central Blvd South		
Pon	npano Beach, FL 33064		
6. The name and street (if changed):	t address of the new registered agent (if o	changed) and /or registered office	:
Leig	gh Hendler	SSE 7	3
151	5 University Drive Suite 107A		
	P.O. Box NOT accepta	ble	
Cor	al Springs, FL 33071		
The street address of as changed will be ide	its registered office and the street addre	ss of the business office of its registered age	n t,
Such change was auth authorized by the boar	norized by resolution duly adopted by its rd, or the corporation has been notified	s board of directors or by an officer so in writing of the change.	
Signature of an	officer or director	ALExander Bardos!	h
I hereby accept the ap I further agree to com performance of my du agent. Or, if this doct hereby confirm that th	opointment as registered agent and agre iply with the provisions of all statutes re ities, and I am familiar with and accept ument is being filed merely to reflect a c ne corporation has been notified in writ	ee to act in this capacity. elative to the proper and complete the obligation of my position as registered change in the registered office address, I ing of this change.	
Degh U	Hendler FRegistered Agent	7-21-15 Date	
V		Laic	
If signing on behalf of	t an entity:		
Typed or I	Printed Name		
	* * * FILING FEE: \$3:	5.00 * * *	

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