

750305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

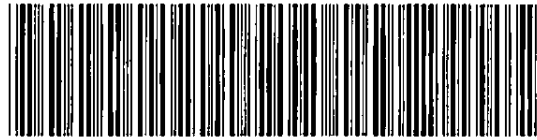
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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A. HUNT

03/11/24

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUNRISE LAKES PHASE 4 RECREATION ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 750,305

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:

YVONNE HEPLER

Name of Contact Person  
SUNRISE LAKES PHASE 4 RECREATION ASSOCIATION, INC.

Firm/Company  
10102 Sunrise Lakes Blvd

Address  
Sunrise, FL 33322

City/State and Zip Code  
dm@sl4recredistrict.com

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

For further information concerning this matter, please call:

Yvonne Hepler 954 748-3230 Ext 107  
Name of Contact Person at (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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: SUNRISE LAKES PHASE 4 RECREATION ASSOCIATION, INC.  
2. The principal office address: 10102 Sunrise Lakes Blvd. Sunrise, FL 33322

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/27/1995 Document number: 750305

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)

RESIGNED

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

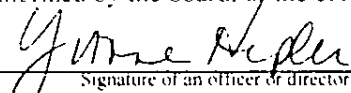
YVONNE HEPLER

10102 Sunrise Lakes Blvd. Sunrise, FL 33322

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

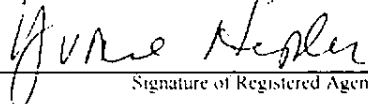
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

YVONNE HEPLER CHAIRPERSON

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

March 6, 2024

Date

If signing on behalf of an entity:

YVONNE HEPLER

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)