# 750305

| (Requestor's Name)                      |
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|   |
| (Address)                               |
|   |
| (4)                                     |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Deliver Fried Menn)                    |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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### **COVER LETTER**

TO:

Amendment Section Division of Corporations

| Name of Corporation  |   |
|--|---|
| DOCUMENT NUMBER: 750305  |   |
| The enclosed Statement of Change of Registered Office                  | e/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter                | r to the following:                       |
| Joseph Mallen  |   |
| Name of Contact Person<br>Sunrise Lakes Phase 4 Recreation Association |   |
| Firm/Company<br>10102 Sunrise Lakes Blvd                               | <del></del>                               |
| Address<br>Sunrise, FL 33322   |   |
| City/State and Zip Code  | <del></del>                               |
| dm@sl4recdistrict.com  |   |
| E-mail address: (to be used for future annual repor                    | t notification)                           |
| For further information concerning this matter, please of              | call:                                     |
| Joseph Mallen  | 954 748 3230<br>at ( )                    |
| Name of Contact Person   | Area Code & Daytime Telephone Nu          |

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

CR2E045 (04/13)

# $^\circ$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha                                       | provisions of sections 60<br>mge is submitted for a c<br>r to change its registere  | orporation organi.  | zed under the laws o  | of the State of <mark>Flori</mark>  | da   |
|--|---|---|---|---|--|
|  | the corporation:  | Lakes Phase 4 Recr  | Considera Id. 23322   |   |  |
| 2. The principal                                       | office address:   |   |   |   |  |
| 3. The mailing a                                       | address (if different):   |   |   |   |  |
| 4. Date of incorp                                      | poration/qualification:   | /27/1995  | Document nun  | 750305<br>aber:   |  |
|  | I street address of the curtment of State: (If resign   | •   |   | ffice on file with t  | he   |
|  | Yvonne Hepter 10102 Sc  | unrise Lakes Divd. !  | Sunrise, Fl. 33322  |   |  |
|  |   |   |   |   |  |
|  |   |   |   | 202<br>SE   |  |
| 6. The name and (if changed):                          | I street address of the ne  |   |   | or registered of AHA  | T  |
|  | Joseph Mallen   |   |   | SEE   | larger of  |
|  |   | P.O. Box  | NOT acceptable  | E. FL   | <del>-</del><br>л                                      |
| The street addreas changed will                        | ess of its registered office be identical.  | ce and the street a   | ddress of the busin   | ess office of its re  | gistered agent,  |
| Such change wa<br>authorized by th                     | ns authorized by resolutine board, or the corpora   | tion duly adopted<br>tion has been noti                           | by its board of dire<br>ified in writing of th  | ctors or by an offi<br>he change.   | icer so  |
| Signatu  | te of an officer of director  | _ <del>.</del>  | Printed of  | 7. Z (/<br>r typed name and title   |  |
| Nyfther agree (<br>of my duties, an<br>document is hei | the appointment as reg<br>to comply with the prov<br>d I am familiar with an<br>ng filedImerely to refle<br>s been notified in writin | isions of all statua<br>id accept the oblig<br>ct a change in the | agree to act in this<br>tes relative to the p<br>gation of my positio<br>registered office ac | s capacity.<br>roper and comple<br>n as registered as<br>daress. I hereby c | te performance<br>gent. Or, if this<br>onfirm that the |
|  | Q HAQ   |   | 9-1   | 17-24   |  |
| Sig  | nature of Registered Agent  |   |   | Date  |  |
| If signing on be                                       | half of an entity:  |   |   |   |  |
| T,   | yped or Printed Name  |   |   |   |  |

\* \* \* FILING FEE: \$35.00 \* \* \*

### **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| Sunrise Lakes Phase 4 Recreation Association  SUBJECT: Name of Corporation                    |
| DOCUMENT NUMBER: 750305   |
| 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:                     |
| Joseph Mallen   |
| Name of Contact Person Sunrise Lakes Phase 4 Recreation Association                           |
| Firm/Company<br>10102 Sunrise Lakes Blvd  |
| Address<br>Sunrise, FL 33322  |
| City/State and Zip Code dm@sl4recdistrict.com   |
| E-mail address: (to be used for future annual report notification)                            |
| For further information concerning this matter, please call:                                  |
| Joseph Mallen 954 748 3230 at ( )   |
| 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

Amendment Section **Division of Corporations** The Centre of Tallahassee

**Street Address:** 

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

| statement of cha  | provisions of sections 607.050,<br>mge is submitted for a corpora<br>er to change its registered office   | tion organized under  | the laws of the Stat  | e of Florida                                  |  |
|---|---|---|---|---|--|
| 1. The name of  | Sunrise Lakes I   | Phase 4 Recreation Ass  |   | e og 1 for fall                               |  |
| 2. The principal  | 10102 Sunrise I   | akes Blvd Sunrise, Fl   | . 33322   |   |  |
| 3. The mailing a  | address (if different):   |   |   |   |  |
| 4. Date of incorp   | 305   |   |   |   |  |
|   | d street address of the current rentment of State: (If resigned, en Yvonne Hepler 10102 Sunrise I   | iter resigned)  |   | ile with the                                  |  |
| 6. The name and<br>(if changed):  | d street address of the new regi  | stered agent (if chang  | ged) and /or register   | ed office                                     |  |
|   |   |   | <del></del>   |   |  |
|   |   | P.O. Box NOT accepta  | uble  | 124 OCT - I                                   | 7  |
| _   | ess of its registered office and be identical.  |   | 1,  | offits regis                                  | <u> 1</u> 2 3                                  |
| Aun   | as authorized by resolution du<br>ne board, or the corporation ha   | lly adopted by its boast been notified in w   | ard of directors or triting of the change   | igu office                                    | r so   |
| Theyeby accept<br>Nyrther agree of<br>of my duties, and<br>document is bei<br>corporation has | the appointment as registered<br>to comply with the provisions<br>ad I am Jamiliar with and acce<br>ing filed merely to reflect a ch<br>s been poified in writing of th | d agent and agree to<br>of all statutes relative<br>of the obligation of a<br>ange in the registere<br>is change. | act in this capacity<br>we to the proper and<br>my position as regi<br>ad office address, T | y<br>d complete<br>stered agen<br>hereby conj | verformance<br>t. Or, if this<br>firm that the |
|   | Q And   |   | 9-17-2  | 4   |  |
| Sig   | nature of Registered Agent  |   | Date  |   |  |
| If signing on be  | shalf of an entity:   |   |   |   |  |
| <u> </u>  | vped or Printed Name  |   |   |   |  |

\* \* \* FILING FEE: \$35.00 \* \* \*