## 758299

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Sun Air North RV ( Name of Corporation	Association Inc
DOCUMENT NUMBER: 158299	
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Laurie Hartford Name of Contact Person	
Firm/Company	
Address Haines City FL 338 City/State and Zip Code	14 D-COM LCARN80 eyahoo, Com rt notification)
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please	call:
Laurie Hartford Name of Contact Person	717 278 - 08 14 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depar	tment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Talianassee, P.L. 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2413 IN. Montoe Street, Sune 510 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: Sun Air North RV Association Inc.  2. The principal office address: 19 Fair View Drive North  Haines City, FL 33844
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/03/1981 Document number: 758 299
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: Richard Edwards 36 Fairview Mive North
Haines City, FL 33844
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
19 Fairview Drive North P.O. Box NOT acceptable Haines City, FL 33844
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.
Debrah & Neison Secretary Signature of an officer or director  Debrah L Neison Secretary
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 he corporation has been notified in writing of this change.
Signature of Registered Agent  Date  If signing on behalf of an entity:
Lowere Hartfold 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)