

12/14/2016

Division of Corporations

761523

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000305811 3)))



H160003058113ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
SUNRISE VILLAS HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

2016 DEC 14 A 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMMEUX

DEC 15 2016

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNRISE VILLAS HOMEOWNERS ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: 764562

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:

Francis E. Friscia

Name of Contact Person

Friscia & Ross, P.A.

Firm/Company

5550 W. Executive Dr. Ste 250

Address

Tampa, FL, 33609

City/State and Zip Code

info@frpalegal.com

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

For further information concerning this matter, please call:

Francis E. Friscia

at (813) 286-0888

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

CR28045 (03/12)

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 VILLAS HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 5523 W Cypress St, Suite 102, TAMPA, FL 33607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/13/1982 Document number: 764562
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)

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

Frischia & Ross, PA

5550 W. Executive Dr, Ste 250

P.O. Box NOT acceptable

Tampa, FL, 33609

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 its officer authorized by the board, or the corporation has been notified in writing of the change.

Kimberly Baggett
Signature of an officer or director

KIM BAGGETT, SECRETARY
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.

By: CT Corporation System
Signature of Registered Agent

12/12/2016

Date

If signing on behalf of an entity:

MIKE JONES, ASSISTANT SECRETARY

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 (03/12)