

767753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

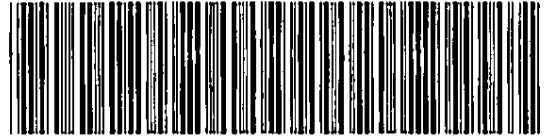
(Document Number)

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18 JUN - 1 AM 9:21
TALLAHASSEE, FLORIDA

JUN 04 2018
S. YOUNG

MAY 29 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2018

TANISHA SCHROEDER
STAMBAUGH, INC
500 ORCHID SPRINGS DRIVE
WINTER HAVEN, FL 33884

SUBJECT: SUN AIR CONDOMINIUM OWNERS ASSOCIATION, INC.
Ref. Number: 767753

We have received your document for SUN AIR CONDOMINIUM OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation ~~it must be signed by the~~ chairman or vice chairman of the board, president or other officer - if ~~directors~~ have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

~~The registered agent must sign accepting the designation.~~

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H. Young
Regulatory Specialist II

Letter Number: 218A00010785

RECEIVED
18 JUN - 1 PM
SECRETARY OF
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUN AIR CONDOMINIUM OWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 767753

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:

Tanisha Schroeder

Name of Contact Person

Stambaugh, Inc.

Firm/Company

500 Orchid Springs Drive

Address

Winter Haven, FL 33884

City/State and Zip Code

stambaughinc@verizon.net

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

For further information concerning this matter, please call:

Tanisha Schroeder

Name of Contact Person

at (863) 324-5100

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**

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 CONDOMINIUM OWNERS ASSOCIATION, INC.
2. The principal office address: 500 Orchid Springs Drive
Winter Haven, FL 33884
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/30/1983 Document number: 767753

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)

Gale Turner Admin (Resigned)

34 Aspen Drive

Haines City, FL 33844

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

Stambaugh, Inc.

500 Orchid Springs Drive

P.O. Box NOT acceptable

Winter Haven, FL 33884

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

Karen Myers

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

04/13/2018

Date

If signing on behalf of an entity:

Tanisha Schroeder

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)

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TALLAHASSEE, FLORIDA