N000000006719

| (Requestor's Name) |
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LUTZ, BOBO & TELFAIR, P.A.

LAW OFFICES

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2 N. TAMIAMI TRAIL, SUITE 500 SARASOTA, FLORIDA 34236-5575 TELEPHONE: (941) 951-1800 TOLL FREE: (877) 951-1800 FAX: (941) 366-1603 E-MAIL: ARICE@LUTZBOBO.COM

PLEASE REPLY TO: SARASOTA

2155 DELTA BLVD., SUITE 210-B TALLAHASSEE, FL 32303 850-521-0890 877-521-0890 FAX \$50-521-0891

> 2401 MANATEE AVENUEW. BRADENTON, FL 34205 941-748-8778 866-802-8182 FAX 941-366-1603

> > 122 NESBIT STREET PUNTA GORDA, FL 33950 841-655-6910 566-802-8182 FAX 941-366-1603

*OF COUNSEL

DUSTIN S. WAGNER

JONATHAN P. WHITNEY

June 13, 2017

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madame:

Re:

Tropical Sunset Condominium Association, Inc.

Please find enclosed check number 30962 in the amount of \$35.00 representing payment for the Statement of Change of Registered Agent for the above-referenced company. The original executed Statement of Change is also enclosed. If you have any questions regarding this matter, please contact me at your convenience.

Very truly yours,

LUTZ, BOBO & TELFAIR, P.A.

Show n. Reci

Amber N. Rice, Paralegal

/anr Enclosure

COVER LETTER

TO: Amendment Section Division of Corporations

Tropical Sunset Condominium Association, Inc.

Name of Corporation

N00000006719

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:

H. Roger Lutz or Jonathan P. Whitney

Name of Contact Person

Lutz, Bobo & Telfair, P.A.

Firm/Company

2 N. Tamiami Trail, Suite 500

Sarasota, FL 34236

City/State and Zip Code

hrlutz@lutzbobo.com/jwhitney@lutzbobo.com

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

For further information concerning this matter, please call:

H. Roger Lutz/Jonathan P. Whitney
Name of Contact Person

Name of Contact Person

Area Code & Daytime Telephone Number

MANN 19 MANN

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

CR2E045 (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: Tropical Sunset Condominium Association, Inc. |
| 2. The principal office address: 3311 Gulf Dr., Holmes Beach, FL 34217 |
| |
| 3. The mailing address (if different): 2 N. Tamiami Trail, Suite 500, Sarasota, FL 34236 |
| 4. Date of incorporation/qualification: 10/10/2000 Document number: N00000006719 |
| 5. The name and street address of the current registered agent and registered office on tile with the Florida Department of State: (If resigned, enter resigned) |
| Roger P. Conley |
| 2401 Manatee Ave West |
| Bradenton, FL 34205 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Lutz, Bobo & Telfair, P.A., Attn: H. Roger Lutz/Jonathan P. Whitney 2 N. Tamiami Trail, Suite 500 PO Box NOT acceptable |
| 2 N. Tamiami Trail, Suite 500 |
| P O Box NOT acceptable |
| Sarasota, FL 34236 |
| 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. |
| James Sanfemio |
| 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 thereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent Date |
| If signing on behalf of an entity: |
| Jonathan P. Whitney |
| 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)