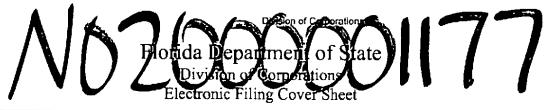
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Division of Corporations

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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.

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REGISTERED AGENT CHANGE SUNRISE WEST PROPERTY OWNERS MAINTENANCE ASSOCIATION

Certificate of Status	0
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S. PRATHER

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes ized under the laws of the State of FL ered agent, or both, in the State of Florida.		
I. The name of	SUNRISE WEST PROPER he corporation:	RTY OWNERS MAINTENANCE ASSOCIA		NC.
2. The principal	office address: 2600 CITADEL PLAZA D	R. SUITE 125 HOUSTON, TX 77008		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 02/15/2002	Document number: N02000001177		
5. The name and Florida Depar	street address of the current registered a tment of State: (If resigned, enter resigne	gent and registered office on file with the d)		
	CORPORATION SERVICE COMPANY		,	
	1201 HAYS STREET		ALLAHAS	
	TALLAHASSER, FL 32301		200 C	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
6. The name and (if changed):	street address of the new registered agen	at (if changed) and /or registered office	SEE, FLORIDA	-3 PK (2:
	CT Corporation System		्र शु	
	1200 South Pine Island Road		A	Ċ
	P.O. Box	NOT acceptable		
	Plantation, Florida 33324			
The street addre as changed will	ss of its registered office and the street a be identical.	address of the business office of its regist	cred age	art.
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an officer ified in writing of the change.	so	
/s/ Harvey G		Harvey G. Weinreb, Vice President		
l hereby accept :	e of an officer of director the appointment as registered agent and to comply with the provisions of all statu I I am familiar with and accept the oblig to filed merely to reflect a change in the been notified in writing of this change.	Printed or typed name and title I agree to act in this capacity, tes relative to the proper and complete p gation of my position as registered agent registered office address, I hereby confi	erforma : Or, if i rm thát i	- nce his the
CH	1 cfm	8/5/2021		
Sign	atury of Registered Agent	Date		-
Ali	ralf of an entity: red Younan			
	tant Secretary			

* * * FILING FEE: \$35,00 * * *