## N03 U0000 9712

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Add                    | dress)            |           |
| (Add                    | dress)            |           |
| (City                   | y/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu:                    | siness Entity Nan | ne)       |
|                         |                   |           |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
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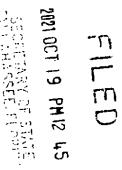
Office Use Only



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10/19/21--01033--001 \*\*35.00



A. RAMSEY OCT 2 9 2021

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

| SUBJECT: Sunrise Pointe Condominium Associat Name of Corporation | tion, Inc   |
|--|---|
| DOCUMENT NUMBER: N03000009712                                    |   |
| The enclosed Statement of Change of Registere                    | ed Office/Agent and fee are submitted for filing.       |
| Please return all correspondence concerning this                 | s matter to the following:                              |
| Linda J McKemmie   |   |
| Name of Contact Person   |   |
| Sunrise Pointe Condominium Association, Inc                      |   |
| Firm/Company   |   |
| 1811 Englewood Rd, Ste 352                                       |   |
| Address  |   |
| Englewood, FL 34223  |   |
| City/State and Zip Code  |   |
| manager@sunrisepointefl.com                                      | m   |
| E-mail address: (to be used for future annua                     | l report notification)                                  |
| For further information concerning this matter,                  | please call:  |
| Linda J McKemmie   | at (941 )221-2711  Area Code & Daytime Telephone Number |
| Name of Contact Person   | Arca Code & Daytime Telephone Number                    |
| Enclosed is a \$35.00 check made payable to the                  | : Department of State.                                  |
| Mailing Address: Amendment Section                               | Street Address: Amendment Section                       |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of cha  | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingesting its submitted for a corporation organized under the laws of the State of FLORIDA is the change its registered office or registered agent, or both, in the State of Florida.   |
|---|--|
| 1. The name of  | the corporation: Sunrise Pointe Condominium Association, Inc   |
|   | office address: 2225-2245 North Beach Road, Englewood, FL 34223  |
| -   | 1911 Englavord Pond Sta 252 Englavord El 24222   |
| 3. The mailing a  | address (if different): 1811 Englewood Road, Ste 352, Englewood, FL 34223  |
| 4. Date of incor  | poration/qualification: 03/02/2005 Document number: N03000009712   |
|   | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)   |
|   | (RESIGNED) Gulf Realty Inc   |
|   | 1960 South McCall Road   |
|   | Englewood, FL 34223  |
| 6. The name and (if changed):   | Englewood, FL 34223  I street address of the new registered agent (if changed) and /or registered office PL Inda J McKemmie  |
|   | Linda J McKemmie   |
|   | 1811 Englewood Road, STE 352   |
|   | P.O. Box NOT acceptable  |
|   | Englewood, FL 34223  |
| The street address changed will   | ess of its registered office and the street address of the business office of its registered agent, be identical.  |
| Such change wa<br>authorized by th  | as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.  |
| James   | James Kalanta, President of the Board of Directors  Printed or typed name and title  |
| / /   | Timed or typed name and time   |
| I hereby accept<br>further agree to<br>of my duties, an<br>document is bei<br>corporation has | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of a lam familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. |
| 12 A  | Mrc Kennic   10/15/2021  Tature of Registered Agent   Date   |
| •   | half of an entity:   |
| Linda J McKemn  | nie  |
| Ty  | ped or Printed Name  |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*