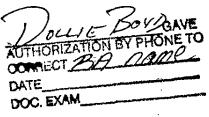
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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>#</i>)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sunset Pointe Homeowners Association of FOIK County, Inc (Name of corporation)
DOCUMENT NUMBER: <u>NO 400006749</u>
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:
Name of contact person)
Florida Association Management
3361 W. Vine Street, Suite 208
Kissimmee FL 34741 (City/state and zip code)
For further information concerning this matter, please call:
Tx/11e Boyd at (407) 483-1301
(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 409 E. Gaines Street Tallahassee, FL 32399

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 Horida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Sunset Printe Homeowner's Association
2. The principal office address: POIK County, Inc.
1925 E. Edgewood Dr. Ste 100
3. The mailing address (if different): 336/ W. Vine 54. Suite 208
Kissimmee, FL 34741
4. Date of incorporation/qualification:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Laderer, Edward, H. Jr.
2000 E. Edgewood Dr. Ste 103 B. 8
Lakeland, FL 33803 = = = = =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Florida Association, Management, Eac.
336/ W. Vine St. Suite 208
Kissimmee, FL 34741
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 ordinactor) Edward H. Laylerer Divertor (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 profisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a cacept 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) (Signature of Registered Agent)
If signing on behalf of an entity:
Dallie Boxd
(Typed or Printed Name)

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