(Red	questor's Name)	
(Ado	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



700274717657

07/20/15--01003--022 \*\*35.00

JUL 21 2015
R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT:	The Sun Central II Condominium Association at Fort Myers			
ochoner	Name of Corporation			
DOCUMENT NUMBER: N0400008818				
	10 10.00 /A 10.00 /A 10.00 /A			

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:

## Gerard M. McTear Name of Contact Person Fairway Property Management Firm/Company 4560 Via Royale, Suite 1 Address Fort Myers, FL 33919 City/State and Zip Code

gmctear@fairwaypropertymgt.com

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

For further information concerning this matter, please call:

Gerard M. McTear

Name of Contact Person

at (239 ) 672-8800

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

statement of cha	unge is submitted for a	corporation organi	2. 607.1508, or 617.1508, ized under the laws of the red agent, or both, in the	State of Florida	
1. The name of	the compration: The	Sun Central II	Condominium Ass	sociation	
2. The principal		Fairway Prope	rty Management		
3. The mailing a	iddress (if different):_				
4. Date of incorp	ooration/qualification:	09/13/2004	Document number:	N04000008	818
	street address of the c		ent and registered office	on file with the	
	Michael A. Lyon	ıs			
	2717 SW 5th St				
	Cape Coral, FL	33991		<u> </u>	चल ज
6. The name and (if changed):	street address of the n	ew registered agent	(if changed) and /or regi	stered office	
	Fairway Propert	y Managemer	ıt		20 .S.)EE
	4560 Via Royale	s, Suite 1			
	Fort Myers, FL	P.O. Box NOT . 33919	corptable		
The street addre	ss of its registered offi be identical.	ice and the street a	ldress of the business of	fice of its register	red agent,
Such change wa authorized by th	s authorized by resolu e board, or the corpora	tion duly adopted batton has been noti-	by its board of directors of the cha	or by an officer songe.	o
Beanne	Braman collect of director	•	Leanne Brama	in, Presic	<u>lent</u>
l further agree t performance of i agent. Or, if thi	o comply with the pro-	risions of all statut miliar with and acc led merely to reflec	agree to act in this capaces relative to the proper scott the obligation of my tachange in the registe. writing of this change.	and complete	stered 8, I
Sign	nure of Registered Agent	<del></del>	Date		
If signing on bel	alf of an entity:				
Ty	ped or Printed Name	<del></del>	,		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)