7/14/2020

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (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 BEACH OWNERS ASSOCIATION, INC.

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JEL 20 3020

		ice or registered agent, or both, in the State of Florida. FACH OWNERS ASSOCIATION INC
1. The name of t	he corporation:	EACH OWNERS ASSOCIATION, INC.
2. The principal	office address: 14825 FRON	T BEACH RD PANAMA CITY BEACH, FL 32413
3. The mailing a	ddress (if different): C/O VA	ACASA 546 MARY ESTHER CUTOFF STE 3 FORT WALTON BEAC /2005 Document number: N05000002361
4. Date of incorp	ooration/qualification: 03/08/	/2005 Document number: N05000002361
5. The name and		registered agent and registered office on file with the
	Bell, David W	
	14825 Front Beach Road PA	NAMA CITY, FL 32413
C1		gistered agent (if changed) and /or registered office
	C T Corporation System	OF SEE. F
	1200 South Pine Island Road	
		P.O. Box NOT acceptable
	Plantation, Florida 33324	
The street addre	ess of its registered office an be identical.	nd the street address of the business office of its registered agent,
Such change wa	as authorized by resolution of	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
Signanii	re of an officer or director	Stephanie Boehm, Secretary Printed or typed name and title
- Ehereby accent	the appointment as register to comply with the provision of Lam familiar with and tic no filed merely to reflection to been notified in priting of	red agent and agree to act in this capacity. as of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the this change.
Jennifer Kurz, A	Asst Secretary	7.14,2020
-	nature of Registered Agent	Date
I for a formation of the second	half of an enfi y y:	

* * * 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 (04/13)