

NO600000 2822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

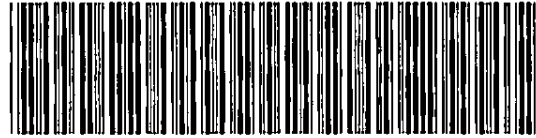
(Business Entity Name)

(Document Number)

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FILED  
2019 MAY 13 P 12:00  
TALLAHASSEE, FLORIDA

RECEIVED  
MAY 28 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SUN VISTA GARDENS CONDOMINIUM  
Name of Corporation

DOCUMENT NUMBER: NO 6000002822

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:

Yvonne Reyes  
Name of Contact Person

C/O FIRST SERVICE RESIDENTIAL  
Firm/Company

5700 Rock Island Road  
Address

TAMPA, FL 33319  
City/State and Zip Code

~~Yvonne~~ President@sunvistagardens.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvonne Reyes, Comly Assoc. Mgr. at 954 485 7713  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sun Vista Gardens Condominium  
2. The principal office address: 5700 ROCK ISLAND ROAD, TAMARAC, FL 33319  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1988 Document number: NA000002822

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Grede, Adamczyk, Deboest + Cross  
2600 DOUGLAS Rd, Ste 717  
Coral Gables, FL 33134 USA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

EISINGER, Brown; Lewis Frank + Chalet, P.A.  
Presidential Circle, Ste 265-A  
P.O. Box NOT acceptable  
4000 HOLLYWOOD Blvd, Hollywood, FL 33021

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 authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Pres.

Adam Dahari, President  
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept 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]  
Signature of Registered Agent

5/3/19  
Date

If signing on behalf of an entity:

Cardina Sznapherman Shier  
Typed or Printed Name

\*\*\* 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 (03/12)