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SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	WNERS, ASSOCIATIO	ON OF THE SU	NRISE GOLF CLUB	ESTATES. II	NC
DOCUMENT NUMBER:	***				
The enclosed Articles of Amendment and fee are	e submitted for filing.				
Please return all correspondence concerning this	matter to the following	:			
RENEE GILLETT, TREASURER					
	(Name of Contac	Person)			
THE HOMEOWNERS' ASSOCIATION OF TH	IE SUNRISE GOLF CI	JUB ESTATES	S. INC.		
	(Firm/ Comp	any)	0 =1		
6034 APPROACH WAY				S	_
	(Address)			-659
SARASOTA, FL 34238				ECRETARY OF ST TALLAHASSEE, F	A. 7. 2
	(City/ State and Z	ip Code)		SSV O AR	ယ
sunrisehoatreasurer@gmail.com				۳ S) (۳ S)	PM 4-1 34
E-mail address: (to be	used for future annual	report notificat	ion)	ATE.	<u>3</u>
For further information concerning this matter, p	lease call:				
Nick Walter, Vice President		952 at	913-9649		
(Name of Contact Pe	erson)	(Area Code	e) (Daytime Telepho	ne Number)	
Enclosed is a check for the following amount ma	ide payable to the Flori	da Department	of State:		
X \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of Sta	e & S43.75 Filing F itus Certified Copy (Additional copenclosed)	oy is Cer (Ad	50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sc Division of Co The Centre of	retion rporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida)	Dept. of State)	
THE HOMEOWNERS' ASSOCIATION OF THE SUNRISE	E GOLF LUB ESTATES, INC.	
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut- amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit</i> C	Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:	
SUNRISE ESTATES HOA, INC.		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the	abhreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	6045 APPROACH ROAD	SE 20
(Principal office address MUST BE A STREET ADDRESS) SARASOTA, FL 34238	725 AF
		TAR AHA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SUNRISE ESTATES HOA, II	APR 23 PM 4: 3L RETAKY OF STATI LLAHASSEE, FL
··	P.O. BOX 21424	4: 3 STAT FL
	SARASOTA, FL 34231	m f
D. If amending the registered agent and/or registered offi		e name of the
new registered agent and/or the new registered office a	idaress:	
Name of New Registered Agent: N	<i>IA</i>	
None Boristand (Mica Address	(Florida street	address)
New Registered Office Address:		
	(City)	, Florida (Zip Code)
	·	(inp com)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the oblig	ations of the position.
	ignature of New Registered Ager	nt, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	NA		SECRETARY TALLAHAS
Remove			APR 23 P
2) Change Add			
Remove 3) Change Add Remove			4: 34 STAITE
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
<u></u>			

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	2025 APR 23 SECRETARI
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	PR 23 PM
	NS F
	PM 4: 34 OF STATE SEE, FU
	—————————————————————————————————————
	m -
APRIL 12, 2025	
The date of each amendment(s) adoption: APRIL 12, 2025	, if other than the
date this document was signed.	
APRIL 18, 2025	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more man 90 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this	date will not be listed as the
document's effective date on the Department of State's records.	
•	
Adoption of Amendment(s) (CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were	
ш	adopted by the board of directors.	
	Signature (By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	other court appointed inductary by that inductary)	
	RENEE GILLETT	
	(Typed or printed name of person signing)	
	HOA TREASURER	2025 A SECRE TALL
	(Title of person signing)	2025 APR 23 PH SECRETARY OF S TALLAHASSEE,
		PH 4: 34 OF STATE REE, FL

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