## N08000006596

(Re	questor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	ry/State/Zip/Phone #	)
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	J. HORNE	
	JUN - 3 2022	

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

. . . . . .

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of th	the corporation: Sunset Cay Lakes 1900 Condominium Association, Inc.	
2. The principal of	office address: c/o Resort Management  Drive South #215, Naples, Florida 34104	
3. The mailing ac	address (if different):	
4. Date of incorp	poration/qualification: 03/24/2004 Document number: N08000006596	<del>_</del>
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Resort Management	
	c/o Resort Management	
	2685 Horseshoe Drive South, #215, Naples, FL 34104	2022 1
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	1072 APR 18
	Terry Matt	PH 5
	350 Newport Drive, Unit 1906	ড় .
	P.O Box NOT acceptable  Naples, FL 34114	) D
The street addre as changed will	ess of its registered office and the street address of the business office of its registered at be identical.	agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Hauche	Harriette Friend, President Printed or typed name and title	<u></u>
I further agrée t of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete perfor and familiar with and accept the obligation of my position as registered agent. Or, ing filed merely to reflect a change in the registered office address. I hereby confirm the speen notified in writing of this change.	mance if this act the
Leus	April 5, 2022	
- Jes	nature of Registered Agent Date	_
If signing on be	ehalf of an entity:	
Ту	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 (04/13)