

N 09000006202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

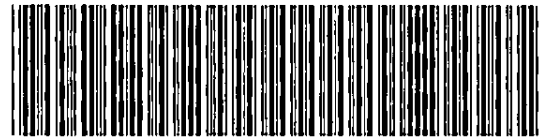
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TALLAHASSEE, FL

P. A. Chang

7/25/18

De



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2018

PRABHA KUNDA
6402 SAIL POINTE LN
HIXON, TN 37343-3195

SUBJECT: SUN AND SEA BEACH CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N09000006202

We have received your document for SUN AND SEA BEACH CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 218A00011517

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

O: Amendment Section
Division of Corporations

SUBJECT: SUN & SEA BEACH CONDOMINIUM ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: NA900026282

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:

MRS PRABHA A. KUNDA
Name of Contact Person

Firm/Company
17408 GULF BLVD, #1501
REDINGTON SHORES, FL 33708

bakunda@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MRS. PRASHA KUNDA at (423) 503-7732
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: SUNANDSEA BEACH CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 6402 SAIL POINTE LANE
HIXSON, TN 37343-3195
3. The mailing address (if different): _____

4. Date of incorporation/qualification: JUNE 2009 Document number: NC9600006202

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)

JAYAKUMAR KAMBAM

(RESIGNED)

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

PRABHA A. KUNDA
17408 GULF BLVD #1501
REDINGTON SHORES, FL 33708

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

* Praba A. Kunda
Signature of an officer or director

PRABHA A. KUNDA
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.

* Praba A. Kunda
Signature of Registered Agent

5-29-18
Date

If signing on behalf of an entity:

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)

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