N169	598
(Requestor's Name) (Address) (Address)	600377434776
(City/State/Zip/Phone #)	
Office Use Only	Y SULKER DEC 16 2021

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	:	12000000	0195
	REFERENCE	:	329610	8363681
	AUTHORIZATION	3	forels &	har
	COST LIMIT	: •	\$ 35.00	
ORDER DATE :	December 14, 202	1		
ORDER TIME :	2:48 PM			
ORDER NO. :	329610-008			
CUSTOMER NO:	8363681			

25

CHANGE OF AGENT

NAME: SUNRISE COMMUNITY FOUNDATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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

1. The name of the corporation: ______SUNRISE COMMUNITY FOUNDATION, INC.

2. The principal office address: 9040 Sunset Drive, Miami, FL 33173

3. The mailing address (if different): _____

4. Date of incorporation/qualification: ____ _____ Document number: <u>N165</u>98

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)

Wray, Zachary		
9040 Sunset Drive		
Miami, FL 33173		
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

	Corporation Service Company				
	1201 Hays Street				•
		P.O. Box. NOT acceptable			,
	Tallahassee	FL	32301		771
The street ad as changed w	dress of its registered office and th rill be identical.	e street address of the bu	siness office	of its registered a	gent,
Such change authorized by	was authorized by resolution duly the board, or the corporation has	adopted by its board of c been notified in writing c	lirectors or b	w an officer so	-

re 2 agric Signature of an officer or director

Jill Cilmi, Vice 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. Thereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

Signature of Registered Agent By:

1	2/1	5/202	1

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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)