N31505

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filing Officer:		





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05/19/16--01016--017 **35.00

SEAR PROPERTY 35

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: SUNSET SPRINGS MAINTENANCE ASSOCIATION, INC.

Name of Corporation

N31505

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:

David Brough

Name of Contact Person

Brough, Chadrow & Levine, P.A.

Firm/Company

2149 North Commerce Parkway

Address

Weston, FL 33326

City/State and Zip Code

dbrough@bclpa-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Brough

954 \384-0732

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida
in order	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: SUNSET SPRINGS MAINTENANCE ASSOCIATION, INC.
2. The principal of	office address: 1840 S.E. 4TH AVENUE SUITE 2B FORT LAUDERDALE, FL 33316
3. The mailing a	ddress (if different): C/O AVALON MANAGEMENT SERVICES
	OX 267908 WESTON, FL 33326
4. Date of incorp	oration/qualification: 04/04/1989 Document number: N31505
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Brough, Chadrow & Levine, P.A.
	1900 North Commerce Parkway
	Weston, FL 33326
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office Brough, Chadrow & Levine, P.A. 2149 North Commerce Parkway
	Brough, Chadrow & Levine, P.A.
	2149 North Commerce Parkway
	P.O. Box NOT acceptable Weston, FL 33326
The street addre	ess of its registered office and the street address of the husiness office of its registered agent.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so lie board, or the corporation has been notified in writing of the change.
Jany Signatu	CAMP CARRENTY VP re of an other or director Printed or typed name and title
I further norve	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 my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	nature of Redistered Agent Date
- b L	half of an entity: R V V V V V V V V V

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *