N42196

(Requestor's Name)
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77.1.
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Sunrise Cay Con	ndominium Association, Inc.
Name of Corporation	
DOCUMENT NUMBER: N421	96
The enclosed Statement of Change	e of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
John Carr	
Name of Contact Person	
Resort Management	
Firm/Company	
2685 Horseshoe Drive South, #215	
Address	
Naples, FL 34104	
City/State and Zip Code	
jcarr@resortg	roupinc.com
E-mail address: (to be used for	future annual report notification)
For further information concerning	g this matter, please call:
John Carr	at (239) 784-5190
Name of Contact F	Person Area Code & Daytime Telephone Number

1

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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, age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	this	
1. The name of the	he corporation: Sunrise Cay Condominium Association, Inc.		
2. The principal of	office address: c/o Resort Management Drive South #215, Naples, Florida 34104		
3. The mailing ac	ddress (if different):		
4. Date of incorp	poration/qualification: 2/22/1991 Document number: N42196		_
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)		
	Resort Management		
	c/o Resort Management Co	21	
	2685 Horseshoe Drive South, #215, Naples, FL 34104	022 FEI	T
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office.	B 25 AM	
	Beverly Sutton	=	
	Zog Stituse Cay, #0	2	
	P.O. Box NOT acceptable Naples, Fl. 34114		
	ess of its registered office and the street address of the business office of its regist be identical.		igent.
Such change was authorized by th	as anthorized by resolution duly adopted by its board of directors or by an officer the board or the corporation has been notified in writing of the change.	SO	
12/2	Dana Blanchard, President		
I hereby accept I further agree	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 fad I am familiar with and accept the obligation of my position as registered agent ing filed merely to reflect a change in the registered office address. I hereby confished in writing of this change.		
	February 25, 2022		
If signing on bo	chalf of an entity: Cyped or Printed Name Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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