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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE SUN KEY VILLAGE HOMEOWNERS ASSOCIATION, INC.

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S. PRATHER

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Help

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

	e provisions of sections 607.0502, 617.0502,		this	
_	lange is submitted for a corporation organize ler to change its registered office or registere			
	C V V			
	f the corporation: SUN KEY VILLAGE H		INC.	
2. The principa	al office address: 8607 26TH AVE EAST	PALMETTO, FL 34221		
				
	address (if different):			
4. Date of inco	prporation/qualification: 05/13/94	Document number: N940000246	<u> </u>	
	nd street address of the current registered ager artment of State: (If resigned, enter resigned)	nt and registered office on file with the	2021 3E13 7ALL/	
	ERNIE C LISCH		DEC AHAS	
	3011 MANATEE AVE.		SSEE SSEE	
	WEST BRADENTON, FL 342	05	AH AH	
6. The name a (if changed)	nd street address of the new registered agent (if changed) and /or registered office	9: 33 TATE ORIDA	
	Registered Agents Inc.			
	7901 4th St N STE 300			
	P.O. Box No St. Petersburg FL 33702	OT acceptable		
The street add	ress of its registered office and the street add If be identical.	dress of the business office of its registr	ered agent,	
Such change vauthorized by	was authorized by resolution duly adopted by the board, or the corporation has been notifi	y its board of directors or by an officer ed in writing of the change.	so	
Dan	Don McLaren - VP & Director Signature of an officer or director Printed or typed name and title			
I hereby accept further agree of my duties, a document is be corporation h	of the appointment as registered agent and a e to comply with the provisions of all statute and I am familiar with and accept the obliga eing filed merely to reflect a change in the re as been notified in writing of this change.	gree to act in this capacity. s relative to the proper and complete p tion of my position as registered agent, egistered office address, I hereby confi	erformance Or, if this rm that the	
Bee Ham	<u>:</u>	12/20/2021		
<u> </u>	ignature of Registered Agent	Date		
If signing on b	ochalf of an entity:			
Bill Havre				
	Typed or Printed Name			
	* * * FILING FEE:	\$35.00 * * *		

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