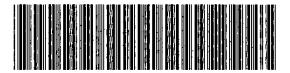
N9400002716

(Req	uestor's Name)	
(Add	ress)	
, Add	ress)	
(1.00	(000)	
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
•		
(Doc	ument Number	<u> </u>
(444	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
0.47.10.1	0 47 11	
Certified Copies	Certificate	s of Status
,		
Special Instructions to F	iling Officer:	
•		
		:
		96 s





400134656424

08/21/08--01017--017 **35.00

08 AUG 21 AM 9: 14
SECRETARY OF STATE
ALLAHASSEE, FLORID.

1. 4. Charge
4. 6. Conflicte NG 2 5 2008

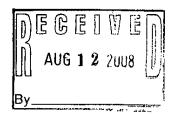
COVER LETTER

SUBJECT: Sunset Pointe at Silverlake Humoward Association, In. (Name of Corporation)			
DOCUMENT NUMBER: N 9400000 2716			
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:			
Name of Contact Person)			
Stevens & Goldman, P.A. (Firm/Company)			
2 South University Prive #210 (Address)			
City/State and Zip Code)			
For further information concerning this matter, please call:			
Name of Contact Person) at (974) 458-9393 (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



TO:

Amendment Section Division of Corporations

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Sunset Pointe at Silver laker Humania Ass. 2. The principal office address: 19620 Pines Blvd Suite 205
lembroke lines, FL 33029
3. The mailing address (if different): Yo Pines Property Management P.O. Box 820100 Pembroke lines, F1 33082
4. Date of incorporation/qualification: 6/1/94 Document number: N940000027/6
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Robert Kaye : Associates
6261 NW 6th Way, Suik 103
Ft. Landerdale FL 33309
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 5 + evens + 66/dwyn f.A.
2 South University Prive #210 Plantation FL 33324
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.
(Printed of 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.
8-15-08
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
(Typed or Printed Name)

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