N95000003369

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COVER LETTER

TO: Amendment Section Division of Corporations

FIESTA HOMEOWNERS ASSOCIATION, INC.

Name of Corporation

 $_{
m DOCUMENT\ NUMBER:} N95000002369$

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:

DANIEL WASSERSTEIN

Name of Contact Person

WASSERSTEIN, P.A.

Firm/Company

301 YAMATO ROAD, SUITE 2199

Address

BOCA RATON, FL 33431

City/State and Zip Code

danw@wassersteinpa.com

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

For further information concerning this matter, please call:

DANIEL WASSERSTEIN

.561 \288-3999

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

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CR2E045 (03/12)

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

	•	617.0502, 607.1508 , or 617.1508 , Florida Statutes, to on organized under the laws of the State of FLORIDA	his	
	= -	or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: FIESTA HO	MEOWNERS ASSOCIATION, INC.		
2. The principal	office address: C/O SUNST	ATE MANAGEMENT,		
9327B W	EST SAMPLE ROAD, C	ORAL SPRINGS, FL 33065		
3. The mailing	address (if different): N/A		.	
4. Date of incor	poration/qualification: 5/16/19	995 Document number: N9500000236	39	
5. The name an		sistered agent and registered office on file with the	20 52 APR	1705
	BAKALAR & ASSOCIA	ATES	IPR 2	OF OF
	12470 WEST ATLANT	IC BLVD.	α	Curi
	POMPANO BEACH, F	L 33071	AM IO:	PAISION OF CONFIDENTS
6. The name an (if changed):	•	ered agent (if changed) and /or registered office	17	
	WASSERSTEIN, P.A.			
	301 YAMATO ROAD, SUITE 2199			
P.O. Box NOT acceptable				
	BOCA RATON, FL 334			
The street addi	ess of its registered office and the identical.	ne street address of the business office of its register	ed agen	n,
Such change wauthorized by	vas authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	ı	
	Eva Cudak	Eva Cudak, President		
•	ure of an officer or director	Printed or typed name and little agent and agree to act in this capacity.		
l further agree performance of agent. Or, if the	to comply with the provisions of my duties, and I am familiar w his document is being filed mere	agen that agree to det in his capacity. f all statutes relative to the proper and complete ith and accept the obligation of my position as regis. ly to reflect a change in the registered office address notified in writing of this change.	tered s, I	
		4/19/2022		
3	gradule of Regulatered Agent	Date		
	ehalf of an entity:			
	/ASSERSTEIN Typed or Printed Name	_		
	types of trinica ranie			

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 * * *