

N98000002493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

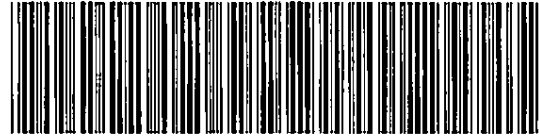
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 FEB 14 PM 3:35
STATE OF FLORIDA
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2019

KRISTEN DANIELS
JM REAL ESTATE, INC.
2425 PINEAPPLE AVENUE., SUITE 108
MELBOURNE, FL 32935

SUBJECT: SUNTREE PROFESSIONAL CENTER OWNERS ASSOCIATION,
INC.

Ref. Number: N98000002493

We have received your document for SUNTREE PROFESSIONAL CENTER OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 519A00002503

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Suntree Professional Center Owners A
Name of Corporation

DOCUMENT NUMBER: N98000002493

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:

Kristen Daniels

Name of Contact Person

JM Real Estate, Inc.

Firm/Company

2425 Pineapple Avenue, Suite #108

Address

Melbourne, FL 32935

City/State and Zip Code

Kristen@jmrealestate.com

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

For further information concerning this matter, please call:

Kristen Daniels

Name of Contact Person

321 242-2882

at ()

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

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 of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Suntree Professional Center Owners Association
2. The principal office address: 6550 North Wickham Road, Suite #1, Melbourne, FL 32940
3. The mailing address (if different): 2425 Pineapple Avenue, Suite #108, Melbourne, FL 329
4. Date of incorporation/qualification: 04/30/1998 Document number: N98000002493
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

6550 North Wickham Road, Suite #1

Melbourne, FL 32940

P.O. Box NOT acceptable

New Resident Agent Alan Fisher

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.

[Signature]
Signature of an officer or director

Alan Frisher

Printed or 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.

[Signature]
Signature of Registered Agent

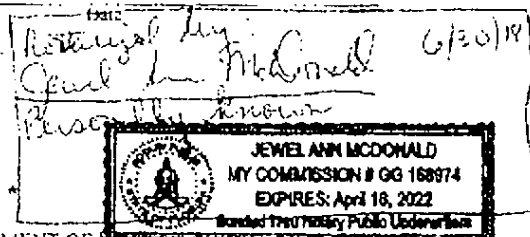
06/0/2018

If signing on behalf of an entity:

Kristen B. Daniels

Typed or Printed Name

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



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

CR21045 (03/12)

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2019 FEB 14 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FL