N98000006960

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COVER LETTER

Division of Corporations
SUBJECT: SUNSWEPT LAKE HOMEOWNERS ASSOC. Name of Corporation
DOCUMENT NUMBER: N9800000 6960
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:
ELAINE KRUTCHIK
Name of Contact Person
Firm/Company
2455 NE 209 TER .
MIAMI FL 33180 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (JUY) 93T-0743 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

CR2E045 (03/12)

TO:

Amendment Section

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 <u>FLS DIDA</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SUNSWEPT LAKE HOMEOWNERS ANOCIATION
2. The principal office address: 1455 NE 209 TER
NMIAMI BEACH FL 33188
3. The mailing address (if different):
4. Date of incorporation/qualification: DEC 7 1998 Document number: V9800606960
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)
ROBERT O SCHWARTZ
2240 WOOLBRIGHT ROAD STE 4/1
ROBERT O SCHWARTZ 2246 MOOLBRIGHT ROAD JTE 4/1 BOYNTON BEACH FL JJ426
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MONTE PEREL
21021 NE QY CT P.O. Box NOT acceptable
NMIAMI BEACH FL. 33180
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.
Claim Knutchik ELAINE Knutchik SecreTANY Signature of an officer or director 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.
Month Signature of Registered Agent 10/24/12
If signing on behalf of an entity:
Typed or Printed Name

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 * * *