## M11000005311

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	





500250672375

08/15/13--01018--019 \*\*25.00

SECRETARY OF STATE TALL AHASSEF FLORIDA



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: August 13, 2013

Order#: 752283-101

Re: CLPSUN TWO POOL ONE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: <u>CLPSUN TWO</u>	POOL ONE, LLC	
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 450 S Orange Ave Orlando, FL 32801	SHORE
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		INTERPORT
10/24/2011 3. Date of filing/registration in Florida	M11000005311 4. Document number	II: 36 ORIDA
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept.	of State:
Registered Agent:	Amy J Patterson	
Registered Office Address:	450 S Orange Ave Orlando, FL 32801	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
NEW Registered Agent:	Corporation Service Company	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
	Tallahassee ,	FL <u>32301</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of the regist ical. Or, in the case of a Florida	tered office
Dona Priebe, Authorized Representative Printed or typed name of signee	·	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.  By:	gree to act in this capacity. I fu oper and complete performance sition as registered agent as pro rely reflect a change in the regis y has been notified in writing of	rther agree to of my duties, ovided for in stered office this change.
Signature of Registered Agent Corporation Service Company		
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314	

**FILING FEE: \$25.00** 

INHS18 (05/08)

Grace Kirby, Asst VP