## M1200000 3752

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 7, 2019

Order#: 666841-060

Re: SRP SUB, LLC

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.

. 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: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive 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 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered ogent, or both, in the State of Florida.

I. Na	me of the limited liability company; SRP SUB, LLC		
2. (a)	1717 Main Street, Suite 2000	(b)	8665 E. Hartford Drive, Suite 200
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Dallas, TX 75201	<del></del>	Scottsdale, AZ 85255
	07/03/2012		M12000003752
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
	Registered Agent and Rugistered Office shown on the records of the	he Florida I	Pept. of State.
	1200 South Pine Island Road		~
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	2018 HAR
	Plantation , FL	33324	
(b)	Corporation Service Company		
	Enter name of NEW Registered Agent and/or NEW Registered (	)flice addr	AR -
	1201 Havs Street		ati.
	NEW Registered Office Address		<del></del>
	Tallahassee, FL_	32301	····
ne chan igent wi vas/wer	nited liability company is not organized under the law- ige or changes are made, the Florida street address of tall be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of les of organization or the operating agreement of the liable.	he registe pility com the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
Signatu	re at a member or authorized representative of a member	7	Printed or typed name of signee
l hereby provision he oblig o merel notified	w accept the appointment as registered agent and agreens of all statutes relative to the proper and complete patients of my position as registered agent as provided y reflect a Junge in the registered office padress. I he writing of this change.	erforman for in Ch ereby conj	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00