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| (R | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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R. WHITE FEB 0 3 2C.



January 16, 2020

DONALD C. CARTER 1100 S. FLAGLER DR APT 904 WEST PALM BEACH, FL 33401

SUBJECT: SUNNINGHILL PARTNERS LLLP

Ref. Number: A14000000595

We have received your document for SUNNINGHILL PARTNERS LLLP 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 form is blank. Please complete the form and resubmit.

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) 245-6050.

Letter Number: 320A00001288

Rebekah White Regulatory Specialist II Supervisor 2020 Jan 31 PH 1: 1:1:

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited

| partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida. |
|---|
| change its registered office of registered agent, of both, in the state of Florida. |
| 1 SUNNINGHILL PARTINERS LLLP |
| Name of Limited Partnership or Limited Liability Limited Partnership |
| 2. NOVEMBER 3,2014 3. A14 000 000 59 Date of filing/registration in Florida Florida document number |
| Date of filing/registration in Florida Florida document number |
| 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: |
| Corporate Creations Name 11380 Prosperity Ferms Rd Address Address |
| Name 101 |
| 11380 Prosperity Ferms Rd |
| Palm Beach Gardons FL 33410 |
| City. State and Zip |
| 5. The name and Florida street address of the new registered agent and/or office: |
| DONALD C. CARTER |
| Name |
| 5. The name and Florida street address of the new registered agent and/or office: DONALD C. CARTER |
| Florida street address (P.O. Box not acceptable) |
| |
| City, State and Zip |
| 6. Such change(s) is/are effective when filed by the Florida Department of State. |
| Signature of General Partner |
| 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 an accept the obligations of my position as registered agent. |

Signature of Registered Agent

Filing Fee: \$35.00 Certified Copy (optional): \$52.50