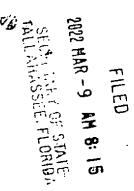
A17000000311

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

Office Use Only



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2022 MAR -9 AM II: 30

T. LEMIEUX MAR 10 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 532879 8371611								
AUTHORIZATION :								
COST LIMIT : STELLE MAN								
ORDER DATE: March 8, 2022								
ORDER TIME : 10:31 AM								
ORDER NO. : 532879-013								
CUSTOMER NO: 8371611								
~								
CHANGE OF AGENT								
NAME: SUN COURT PARTNERS, LP								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Eyliena Baker EXT#								

EXAMINER:

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.

1.	SUN COURT PARTNERS, LP							
	Na Na	me of Limited Partnership of	or Limited Liab	ility Limited Partner	ship			
2.	07/03/2017	3. A17000000311						
	Date of filing/registration in Florida			Florida document number				
	The name of the reepartment of State:	gistered agent and the regis	tered office add	lress as shown on the	e records o	f the F	lorida	
		Frank, Weinberg & Blac	k, P.L.					
	Name							
	7805 SW Sixth Court							
Address Aug.								
Plantation, FL 33324								
	City, State and Zip							
5.	The name and Flor	rida street address of the nev	v registered age	nt and/or office:	SSE	9	:ILED	
		Corporation Service Cor	mpany			五	_	
Name OF CO								
		1201 Hays Street			16	5		
Florida street address (P.O. Box not acceptable)								
		Tallahassee		FLFL				
City, State and Zip								
_	Such (change(s) is/a	Partner	Jill Ciln	artment of State. ni, Vice President urt GP, Inc., Gene				
co	mply with the provi	pointment as registered age sions of all statutes relative an accept the puligations o	to the proper a	nd complete perform	I further nance of my	agree i y duties	10 \$,	
	Cein	r Leil		Casper, Asst. Vi		lent		
Siį	gnature of Registere	ed Agent	Corpora	tion Service Con	npany			

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50