## L0000000007677

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
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(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE ON SIVISION OF CORPORATIONS

N. CAUSSEAUX AUG 1 4 2017



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: August 8, 2017

Order#: 758178/029

Re: SUNDEW MITIGATION BANK, L.L.C.

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 Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

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

INCA.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 agent, or both, in the State of Florida.

1. 1	lame of the limited liability company: SUNDEW MITIG	ATION B	NK, L.L.	C			
2. (a	701 Market Street, Suite 111	(b)					
(-	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	N	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	St. Augustine FL 32095	<del>-</del> -					
	06/19/2000		.0000000	7677	2 Vs		
3.	Date of filing/registration in Florida	4.		Document number	es de la companya de		
5. (a	Gresham R. Stoneburner				SION OF CO.		
`	Registered Agent and Registered Office shown on the records of th	e Florida D	ept. of State	::	5 CARE		
	200 West Forsyth, #1610				PR CO		
	Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRESS)</u>			ORATIONS H 3: 12:		
	Jacksonville , FL_	32202					
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered C  1201 Hays Street  NEW Registered Office Address:						
		32301	ate of Flo	orida it is hereby cont	irmed that after		
the clagent was/v	ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of the of organization or the operating agreement of the limited street.	he registe pility com the limite	red office pany, it is ed liability	and the business offi hereby confirmed the company or as other	ce of the registered at the change(s)		
	Lee E Gone	Jill Cili	Jill Cilmi, Authorized Person				
I her provi the o to me notifi	taute of a member or authorized representative of a member  e by accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p bligations of my position as registered agent as provided rely reflect a change in the registered office address. I he ed in writing of this change.  ture of Registered Agent Corporation Service Company	erforman for in Ch ereby con	ce of my c apter 605 firm that	Printed or typed name of activ. I further agree luties, and I am famil, F.S. Or, if this document limited liability comper, Asst. Vice Presi	to comply with the iar with and accept ment is being filed mpany has been		

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		St. Augustine FL 32095	_				_
		06/19/2000	_	L0000000	7677		
3.		Date of filing/registration in Florida	4.	!	Document number		
5.	(a)	Gresham R. Stoneburner					
٥.	(11)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:	:		
		200 West Forsyth, #1610					
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)			9	
						29 IV.S	
		Jacksonville . FL_	32202			FIL SECKETARY VISION OF C	
	( <b>b</b> )	Corporation Service Company				800 800 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered (		ress:		<b>6</b> 890	
						F STALE	
		1201 Hays Street				<b>7</b>	
		NEW Registered Office Address:				- 7	
		Tallahassee . FL_	32301				
the ag	ent v ent v is/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of tivil be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of organization or the operating agreement of the limited liability.	the regist bility con the limi imited li	ered office npany, it is ted liability ability com	and the business off hereby confirmed the company or as othe pany.	fice of the registere hat the change(s)	ed:
_		are of a member or authorized representative of a member	Jill C		ized Person Printed or typed name o	Cainana	
pr the to no	herel ovisi ovisi obl mere tified	ov accept the appointment as registered agent and agressing on a literal proper and complete provided by reflect a change in the registered office address. I have a change of this change.	performu for in C ereby co	in this capa nce of my d hapter 605. nfirm that ti	city. I further agree	e to comply with th iliar with and acce rument is being file company has been	e pt d