## L100038115

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Office Use Only                         |  |  |  |  |  |



07/11/17--01028--011 \*\*25.00



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## CSC

CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: July 7, 2017

Order#: 705557/214

Re: SUN PROPERTY VENTURES LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. <u>XX</u> 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 Return Regular Mail in the enclosed envelope.

Attn:Marissa Rather-lopez 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. Name of the limited liability company: SUN PROPERTY VENTURES LLC

| 2. (a)                     | 1985 Cedar Bridge Avenue   | (b)          | 1985 Ceo                          | dar Bridge Avenue   |
|----------------------------|--|--------------|-----------------------------------|---|
|                            | Principal office address of limited liability company:<br>( <u>Note: MUST BE STREET ADDRESS</u> )  |              |                                   | iling address of limited liability company:<br>(Note: MAY BE POST OFFICE BON) |
|                            | Attn: Legal Dept.  |              | Attn: Legal                       | Dept.   |
|                            | Lakewood NJ 08701  | _            | Lakewood,                         | NJ 08701  |
|                            | 03/30/2011   |              | L11000038                         | 115   |
| 3.                         | Date of filing/registration in Florida   | 4.           | Ľ                                 | Ocument number  |
| 5. (a                      | ) NRAI Services, Inc   |              |                                   |   |
| ,                          | Registered Agent and Registered Office shown on the records of th  | se Florida I | Dept. of State:                   |   |
|                            | 1200 South Pine Island Road  |              |                                   |   |
|                            | Registered Office Address (MUST BE FLORIDA STREET A)   | DDRESS)      |                                   |   |
|                            |  |              |                                   |   |
|                            | Plantation FL  | 33324        |                                   |   |
| (h)                        | Corporation Service Company  |              |                                   |   |
|                            | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (   | )ffice addi  | ress:                             |   |
|                            | 1201 Hays Street   |              |                                   | 7:09<br>12:09   |
|                            | NEW Registered Office Address:   |              |                                   |   |
|                            |  |              |                                   |   |
|                            |  |              |                                   |   |
|                            | Tallahassee, FL  | 32301        |                                   |   |
| If the                     | limited liability company is not organized under the law   | s of the S   | state of Flori                    | dative is hereby confirmed that after   |
| the ch                     | ange or changes are made, the Florida street address of t  | he regist    | ered office a                     | nd the business office of the registered                                      |
| agent<br>was/w             | will be identical. Or, in the case of a Florida limited fial<br>ere authorized by an affirmative vote of the members of  | the limit    | apany, it is r<br>ted liability ( | ereby confirmed that the change(s)<br>company or as otherwise provided in     |
| the art                    | icles of organization or the operating agreement of the li   | imited lia   | ability comp                      | any.  |
|                            | Jill Cilmi, Aut  |              |                                   | red Person  |
| Sign                       | aure of a member or authorized representative of a member  |              | Ą                                 | rinted or typed name of signee  |
| provis<br>the ob<br>to mer | by accept the appointment as registered agent and agre<br>ions of all statutes relative to the proper and complete p<br>ligations of my position as registered agent as provided<br>rely reflect a change in the registered office address. I he<br>d in writing of this change. | ertorma      | nce of my du                      | ties, and I am familiar with and accept                                       |

Drace C-Kuble

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

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