# 1200004996

4074268030 Division of Corporations

10-10-2017

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### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H17000266219 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DIVINE & ESTES, P.A.

Account Number : 120020000158 Phone : (407) 426-9500 Fax Number : (407)426-8030

er the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\* \*\*Enter the email address for this business entity to be used for furtire

## LLC REGISTERED AGENT CHANGE SENTINEL CAPITAL FUNDING III, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

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Corporate Filing Menu

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#### COVER LETTER

TO:	Registration Section Division of Corporations				
eno n	SENTINEL CAPITAL COMP	'ANY FUN	NDING III, LLC		
Name of Limited Liability Company					
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Offi	ce Change	and fec(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to	the following:		
STEV	VE PARMEE				
	Name of Person		<del></del>		
SEN	TINEL CAPITAL FUNDING III, LLC	;			
	Firm/Company		<del></del>		
420 \$	S. ORANGE AVE., SUITE 220				
	Address	<del></del>	——————————————————————————————————————		
ORL	ANDO, FL 32801				
	City/State and Zip Code		<del></del>		
sparr	mee@sentinelcf.com				
I	E-mail address: (to be used for future ann	ual report n	otification)		
For fu	rther information concerning this matter,	please call:	:		
STEV	VE PARMEE	407	398-6933		
	Name of Person		Area Code & Daytime Telephone No	umber	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for the following	amount:			
	☑ \$25 Filing Fee	⊏	355 Filing Fee & Certified Copy		
INHS!	<i>የ</i> /ዓብት7000266219 3)))				

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### 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.

a) ,	420 S. ORANGE AVE.	(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Vailing address of limite			
	SUITE 220			·			
	ORLANDO, FL 32801	<del></del>		<u> </u>			<del></del>
	04/12/2012		_1200004	19965			
(a)	Date of filing/registration in Florida  JAMES W SPENCER	4.		Document number		·	
, <del>,••</del> ,	Registered Agent and Registered Office shown on the records to INDEX, LLC	of the Florida	Dept. of State	::			
(b)	Registered Office Address (MUST BE FLORIDA STREET) P.O. BOX 470880	TADDRESS)			SECKE	17 00	E
	LAKE MONROE , F	32747	·	ANSS.	ESSAH ESCAH	007 10	
	STEVE PARMEE				CRETARY OF STATE LAHASSEE, FLORIDA	O 是	T U
	Enter name of NEW Registered Agent and/or NEW Registers	ed Office add	1677;	•	SRI-1	7:4	
	SUMMERLIN CAPITAL, LLC				DA A	7	
	NEW Registered Office Address:			-			
	420 S. ORANGE AVENUE, SUITE 220						
	ORLANDO .F	1_32801					
cha nt v	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members of organization or the operating agreement of the	of the regis liability co s of the lim he limited l	tered office mpany, it i ited liabilit	e and the business of s hereby confirmed y company or as oth apany.	office of that the	the reg chang	giste: e(s)

I hereby accept the approximent 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 and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby comment that the limited liability company has been notified in writing of this change.

Signature of Registered Agent (((H17000266219 3)))

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