Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000717973)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:	 _	

## LLC REGISTERED AGENT CHANGE SUNSTARTER SOLAR XXXII LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

INHS18 (2/14)

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	SUNSTARTER SOLAR XXXII	LLC					
		Name of Limited Liability Company					
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered (	Office Chang	ge and	fee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter	to the I	following:			
Alicia	Richards						
	Name of Person			_			
Regist	ered Agent Solutions, Inc.						
	Firm/Company			<del></del>			
Corpo	rate Center One, 5301 Southwest Pkwy. S	te 400					
	Address						
Austin	, TX 78735						
	City/State and Zip Code	2					
	E-mail address: (to be used for future a	innual repor	t notifi	cation)			
For fu	rther information concerning this matt	er, please ca	ıll:				
Alicia	Richards	88 at (	8	705-7274			
	Name of Person			Area Code & Daytime Telephone Number			
	Mailing Address:			Street Address:			
	Registration Section			Registration Section			
	Division of Corporations			Division of Corporations			
	P.O. Box 6327			The Centre of Tallahassee			
	Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the followi	ing amount:	:				
	□ \$25 Filing Fee		□ \$5	55 Filing Fee & Certified Copy			

## 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. Na	ame of the limited liability company: SUNSTARTER S	OLAR XXXII	LLC					
2. (a)	2925 Richmond Ave.	(b) 292	2925 Richmond Ave					
,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		ng address of limited lia ote: MAY BE POST OF		•		
	Floor 11	Floo	or 11					
	Houston, TX 77098	Hou	ston, TX 77	7098				
	7/5/2013	L1300	00098214					
3.	Date of filing/registration in Florida	4. <u> </u>	Doc	ument number	A			
5. (a)	C T CORPORATION SYSTEM							
., (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:					
	1200 SOUTH PINE ISLAND ROAD							
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		F.	2024 FEB			
	PLANTATION , FL	33324		LLAHASSET. FLURIO	FEB 2	77		
(b)	Registered Agent Solutions, Inc.			SS ET .	2 P#	T		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	<del></del>		့် ယှ			
	2894 Remington Green Ln.		73	PH 3: 44				
	NEW Registered Office Address:							
	Ste. A		· · · · · · · ·					
	Tallahassee, FL	32308	····					
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered offi bility compan f the limited li	ice and the y, it is here iability cor	e business office of t beby confirmed that i mpany or as otherwi	the register the change	ed (s)		
1St	Lors Novell	Lars Norel		Authorize	<u>'</u>	sentat		
-	ture of a member or authorized representative of a member			ited or typed name of sig	_			
provisi the obl to merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I has in writing of this change.	nertormance o	d my duhe.	rs, and Lam familiar	r with and c	iccent -		
	Mackenzie Hibler Asst Secre	tarv						

Signature of Registered Agent