## L13000146886

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

Office Use Only

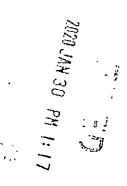


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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 29, 2020

Order#: 148234/245

Re: PS SUNRISE COMMERCIAL 2013, LLC

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.

	ame of the limited liability company: PS SUNRISE			
2. (a)	701 Western Avenue  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) _ <b>_</b>	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Glendale, CA 91201			
	12/02/2013	<u>L</u>	13000166886	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	C T Corporation System			
	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 ADDRESS)			
			702	
	Plantation,	FL <u>33324</u>		
(b)	Corporation Service Company		2020 JAN 30	
	Enter name of NEW Registered Agent and/or NEW Register	red Office addres	<u> </u>	
	1201 Hays Street		<del></del>	
	NEW Registered Office Address:		r. <b>6</b>	
	Tallahassee	FL 32301		
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited zere authorized by an affirmative vote of the member ticles of organization or the operating agreement of t	of the register liability comp s of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
/s/	Jill Cilmi	Jill Cilm	ni, Authorized Person	
Signature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to met	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change.	agree to act in Sie performanc ded for in Cha I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	
	ure of Registered Agent Corporation Service Company		M. Casper, Asst. Vice President	