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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

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LLC REGISTERED AGENT CHANGE **SUNSET PIER 5 LLC**

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STATEMENTS 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

900 Circle 75 Pkwy		(b) 900 Circle 75 Pkwy			
Principal office address of limited liability (Note: MUST BE STREET ADDR	•	(0)	Mailing address of limited liability of (Note: MAY BE POST OFFICE)		= = = = = = = = = = = = = = = = = = = =
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Atlanta, GA 30339			Atlanta, GA 30339		
03/07/2018			_18000	060732	4
Date of filing/registration in Flo	rida 4			Document numbe	Γ
a) WEEKS, JAMES				_	
Registered Agent and Registered Office shown on	the records of the Fl	orida	Dept, of Sta	ite.	
86 SUNSET RIDGE					
				_	
Registered Office Address (MUST BE FLORI	<u>IDA STREET ADDI</u>	RESS)			
SANTA ROSA BEACH	i <u>da street addi</u> , FL 324				
	FL 324	459			
SANTA ROSA BEACH	_{. FL} 324 Agent LL0	459 C			
SANTA ROSA BEACH Northwest Registered Agent and/or NEW Registered Agent Age	_{. FL} 324 Agent LL0	459 C			6 7 C 7 American
SANTA ROSA BEACH Northwest Registered Agent and/or Northwest Registered Agent Agent Registered Agent Agent Registered Regi	_{. FL} 324 Agent LL0	459 C			
SANTA ROSA BEACH Northwest Registered A Enter name of NEW Registered Agent and/or NE 7901 4th St N NEW Registered Office Address:	_{. FL} 324 Agent LL0	459 C			NO.
SANTA ROSA BEACH Northwest Registered Agent and/or Northwest Registered Agent Agent Registered Agent Agent Registered Regi	_{. FL} 324 Agent LL0	459 C			E VO
SANTA ROSA BEACH Northwest Registered A Enter name of NEW Registered Agent and/or NE 7901 4th St N NEW Registered Office Address:	_{. FL} 324 Agent LL0	459	iress:		L3 45N

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Morgan Polle	Morgan Noble
Signature of a member or authorized representative of a member	Printed or typed name of signee

I hereby accept the appointment 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 confirm that the limited liability company has been

The Glover - Assistant Secretary

Signature of Registered Agent