## M02000001579

(Re	equestor's Name)	<u></u>	
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(Document Number)			
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RECRETARY OF STATE

JUL 23 2013 J. BRYAN



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327-293

Re: SA-PG - SUN CITY CENTER LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX 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 Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: SA-PG - St	JN CITY CENTER LLC	
2 ( ) D 1 2 1 60 11	4 Dad Oak Lana Suita 201	
<ol> <li>(a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)</li> </ol>	White Plains, NY 10604	
(Mole: MOST BE STREET ADDRESS)	ville Halls, 141 10004	A
		700
(b) Mailing address of limited liability company:	4 Red Oak Lane, Suite 201	THE WAY
(Note: MAY BE POST OFFICE BOX)	White Plains, NY 10604	至 2
		0.79
		70 3
06/18/2002	M02000001579	<u> </u>
3. Date of filing/registration in Florida	4. Document number	64 E
5. (a) Registered Agent and Registered Office shows	n on the records of the Florida D	ept. of Statë:
		1
Registered Agent:	Capitol Corporate Services,	Inc.
Registered Office Address:	155 Office Plaza Dr., Suite	Α
	Tallahassee, FL 32301	
(b) Enter name of <b>NEW Registered Agent</b> and/or	NEW Registered Office addr	ess:
NEW Registered Agent:	Corporation Service Compa	any
NIESK Desistant Office Address	1201 Hove Street	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
(MUSI BE FLUKIDA SIKEEL ADDKESS)	Tallahassee	,FL 32301
	Tallallassec	,1 L <u>02001</u>
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan the members of the limited liability company or as off the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	the Florida street address of the identical. Or, in the case of a Flage(s) was/were authorized by an arrwise provided in the articles of	registered office
Dona Priebe, Authorized Person		
Printed or typed name of signee		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of the Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability control to the company of the c	and agree to act in this capacity he proper and complete perform ny position as registered agent a to merely reflect a change in the npany has been notified in writi	. I further agree to ance of my duties, as provided for in registered office ng of this change.
Signature of Registered Agent Elizabeth A. Dawson, Asst. Vice President		

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

INHS18 (05/08)