M110000001747

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

Office Use Only



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TALLAHASSEE, FLORID.



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: August 14, 2013

Order#: 752283-253

Re: SUNRISE THIRD (POOL II), 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: Vera M. Norris

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: SUNRISE THIRD	(POOL II), LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	oany: 450 S Orange Ave Orlando, FL 32801	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
02/15/2011	M1100000747	
3. Date of filing/registration in Florida	4. Document number	_
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:	
Registered Agent:	Linda A Scarcelli	
Registered Office Address:	450 S Orange Ave Orlando, FL 32801	
(b) Enter name of NEW Registered Agent and/or <u>I</u>		
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
	Tallahassee ,FL 32301	
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the chang the members of the limited liability company or as othe the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote rwise provided in the articles of organization or	* # C
	(1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	=¥
Dona Priebe, Authorized Representative Printed or typed name of signee		P P
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability comp By: Signature of Registered Agent Corporation Service Company	merety reflect a change in the registered office cany has been notified in writing of this change.	to
Signature of Registered Agent Corporation Service Company	у	

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