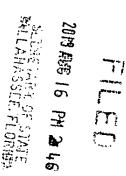
M11000000075a

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
'AUG 1 9 2013			
A. LUNT			

Office Use Only

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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#: 752283-283

Re: SUNRISE THIRD (POOL IV), 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:

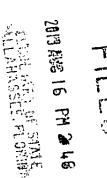
Attn: Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400

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	D (POOL IV), LLC	
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	npany: 450 S Orange Ave Orlando, FL 32801	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
02/15/2011	M11000000752	70 TO 10 TO
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Deptiof State:
Registered Agent:	Linda A Scarcelli	2 7
Registered Office Address:	450 S Orange Ave Orlando, FL 32801	
	Offarido, PL 32001	· #_
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Corporation Service Com	
NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	FL 32301
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the chan the members of the limited liability company or as oth the operating agreement of the limited liability company	he Florida street address of the dentical. Or, in the case of a lige(s) was/were authorized by erwise provided in the articles	e registered office Florida limited
Signature of a member or duthorized representative of a member		
Dona Priebe, Authorized Representative Printed or typed name of signee		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of many chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comby:	and agree to act in this capacing the proper and complete perform by position as registered agent of merely reflect a change in the pany has been notified in writing the control of the pany has been notified in writing the control of the control	ty. I further agree to mance of my duties, as provided for in the registered office ting of this change.
Signature of Registered Agent Corporation Service Company	зу	
7111 60 1 70 7	(00F T 1) 1 Y 000	

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