## M 110000000754

| (Req                      | juestor's Name)   |             |
|---------------------------|-------------------|-------------|
| (Add                      | lress)            |             |
| (Add                      | Iress)            |             |
| (City                     | /State/Zip/Phon   | e #)        |
| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | siness Entity Nar | me)         |
| (Doc                      | cument Number)    |             |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to F | Filing Officer:   |             |
|                           |                   |             |
|                           |                   |             |
|                           |                   |             |
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SECRETARY OF STATES

DIVISION OF COURSE ATIONS

THE DIVISION OF COURSE ATIONS

AUG 1 9 2013 T. 1448/PTC:



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#: 752283-275

Re: SUNRISE THIRD (POOL III) GP, 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.                                | Nai                                     | me of the limited liability company: SUNRISE THIRD (POOL   | III) GP, LLC   |   |
|-----------------------------------|---|--|--|---|
| 2.                                | (a)                                     | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)   | 450 S Orange Ave<br>Orlando, FL 32801  |   |
|                                   | (b)                                     | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |  |   |
|                                   |   | 2011   | M11000000754   |   |
| 3.                                | Dat                                     | te of filing/registration in Florida   | 1. Document number   |   |
| 5.                                | (a)                                     | Registered Agent and Registered Office shown on t  | ne records of the Florida Dept.  | of State:   |
|                                   |   | Registered Agent:  | Linda A Scarcelli  | 1.5 DIV.  |
|                                   |   | Registered Office Address:   | 450 S Orange Ave<br>Orlando, FL 32801  | SECRETAR<br>SIGN OF R   |
|                                   | (b)                                     | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :   | V Registered Office address:  Corporation Service Company  | Sof SIMIL<br>Sof SIMIL<br>MILL: 26  |
|                                   |   | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | 1201 Hays Street   |   |
| MOST DE L'ESKIDITSTREET INDURESSY |   | 1  | Tallahassee  | ,FL_32301   |
| co<br>an<br>lia<br>the            | nfiri<br>d the<br>bilite<br>me<br>e ope | limited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company. | orida street address of the regis<br>cal. Or, in the case of a Florid<br>was/were authorized by an aff   | stered office<br>a limited<br>irmative vote of  |
|                                   |   | Priebe, Authorized Representative or typed name of signee  | -  |   |
| В                                 | y: _                                    | thy accept the appointment as registered agent and asy with the provisions of all statules relative to the proam familiar with and accept the obligations of my power 608, F.S. Or, if this document is being filed to ment is hereby confirm that the limited liability company of Registered Agent Corporation Scrvice Company       | gree to act in this capacity. If for and complete performance ition as registered agent as preely reflect a change in the regular has been notified in writing o | urther agree to<br>e of my duties,<br>ovided for in<br>istered office<br>f this chänge. |
|                                   |   | Division of Corporations, P.O. Box 63:   | 27. Tallahassee. FL 32314  |   |

**FILING FEE: \$25.00** 

INHS18 (05/08)

Grace Kirby, Asst VP