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(Requestor's Name)		
(Address)		
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	(A) (A) (B)	
(City	/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Doc	cument Number)	
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Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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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#: 752283-229

Re: SUNRISE THIRD LINCROFT SL, 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

13 AUG 16 AM IN: 39
SEUNCTHAT OF STATE
TALLAHASSEE, FLORID

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 LINCE	ROFT SL, LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 450 S Orange Ave Orlando, FL 32801	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
02/16/2011	M11000000805	
	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	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 <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301	
If the limited liability company is not organized under the legistered that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member Dona Priebe, Authorized Representative	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by air affirmative vote of se provided in the articles of frequency and a first affirmative vote.	
Printed or typed name of signce I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of any portion of the provision of the obligations of my portion of the provision of the provi	gree to act in this capacity. Further agree to oper and complete performance of any duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.	
Division of Corporations P.O. Poy 63	27 Tollohossoo El 32314	

FILING FEE: \$25.00

INHS18 (05/08)

Grace Kirby, Asst VP