M11000000819

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

Office Use Only



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08/16/13--01024--024 **25.00

SECRETARY OF STATE

N. Cuttigan AUG (9 20 62)



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#: 752283-227

Re: SUNRISE THIRD HOLBROOK 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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABIL!TY 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 l	iability company: SUNRISE THIRD H	OLBROOK SL, LLC	
	ddress of limited liability compa BE STREET ADDRESS	orlando, FL 32801	SECRE
	of limited liability company: E POST OFFICE BOX		ASSEE F
02/16/2011		M11000000819	72: 26 ORIDA
Date of filing/registra	tion in Florida	4. Document number	
5. (a) Registered Agen	t and Registered Office shown o	n the records of the Florida	Dept. of State:
Registered Agent	::	Linda A Scarcelli	-
Registered Office	e Address:	450 S Orange Ave Orlando, FL 32801	
(b) Enter name of N	EW Registered Agent and/or N	EW Registered Office add	lress:
<u>NEW</u> Registered	Agent:	Corporation Service Comp	pany
NEW Registered	Office Address:	1201 Hays Street	
(MUSI BE FLO	ORIDA STREET ADDRESS)	Tallahassee	,FL_32301
confirmed that after the and the business office of liability company, it is he members of the limit the operating agreement	mpany is not organized under the change or changes are made, the of the registered agent will be ide ereby confirmed that the change ed liability company or as other of the limited liability company	Florida street address of the entical. Or, in the case of a last (s) was/were authorized by wise provided in the articles	e registered office Florida limited
Dona Priebe, Authorized F Printed or typed name of signee			
	ointment as registered agent and ins of all statutes relative to the ind accept the obligations of my this document is being filed to in that the limited liability composition. Service Company		ly. I further agree to mance of my duties, as provided for in the registered office ting of this change.
	ion of Corporations, P.O. Box	6327, Tallahassee, FL 323	314

FILING FEE: \$25.00