## M10000820

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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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#: 752283-302

Re: SUNRISE THIRD WEST BABYLON 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 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 WE	ST BABYLON SL, LLC	
<ol> <li>(a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)</li> </ol>	ny: 450 S Orange Ave Orlando, FL 32801	Tini 3
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
02/16/2011	M11000000820	1
3. Date of filing/registration in Florida	4. Document number	5
5. (a) Registered Agent and Registered Office shown or	the records of the Florida	Dept. of State:
Registered Agent:	Linda A Scarcelli	
Registered Office Address:	450 S Orange Ave Orlando, FL 32801	
	<del></del>	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office add	lress:
NEW Registered Agent:	Corporation Service Com	pany
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
meer berbeitgrieber inbeiteber	Tallahassee	,FL <u>32301</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the ntical. Or, in the case of a l	e registered office Florida limited
Dona Priebe, Authorized Representative Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compared by:  Signature of Registered Agent Corporation Service Company	agree to act in this capacit roper and complete perfor oosition as registered agent serely reflect a change in th ny has been notified in writ	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.
Division of Cornerations PO Roy 6	327 Tallahassee FL 323	R14

**FILING FEE: \$25.00** 

Grace Kirby, Asst VP