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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 7, 2013

Order#: 745439-037

Re: CLPSUN PARTNERS II, 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

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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. Na	me of the limited liability company: CLPSUN PARTI	NERS II, LLC			
2. (a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 450 S Orange Ave Orlando, FL 32801			
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO Box 4920 Orlando, FL 32802			
10/24		M11000005328			
3. Da	te of filing/registration in Florida	4. Document number			
5. (a)	Registered Agent and Registered Office shown on	he records of the Florida Dept.	of Sta	ıte:	
	Registered Agent:	Amy J Patterson	<u> </u>		·
	Registered Office Address:	450 S Orange Ave Orlando, FL 32801	7 (7 2 (2) (1)	03 AU6	17
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u>		דן ""	-9 PH 12:	
	NEW Registered Agent:				112
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	D		
		Tallahassee	,FL <u>3</u> 2	301	
confir and th liabili the me the op	limited liability company is not organized under the le med that after the change or changes are made, the Flue business office of the registered agent will be ident ty company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company. The of a member or authorized representative of a member	orida street address of the regis ical. Or, in the case of a Florid	stered o a limit	office ted	
	Priebe, Authorized Person or typed name of signee	-			
I here compl and I Chapt addre By:	thy accept the appointment as registered agent and a y with the provisions of all statutes relative to the proam familiar with and accept the obligations of my power 608, F.S. Or, if this document is being filed to me, ss, I hereby confirm that the limited liability company	gree to act in this capacity. I fi oper and complete performance sition as registered agent as pr rely reflect a change in the regi has been notified in writing of	arther of my ovided istered this c	agre duti l for l offic hang	e to es, in ce ee.
	tre of Registered Agent Corporation Service Company	Elizabeth A Dawson, Asst VP			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)