## M11000005328

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(	,	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
	-, <u></u>	
(Bu	siness Entity Nan	ne)
•		
(Document Number)		
Certified Copies	Certificates	of Status_
	_	
Special Instructions to Filing Officer:		
		ĺ
		1
i		
		}

Office Use Only



800250672348

08/15/13--01018--016 \*\*25.00

ZOIS AUG 15 PM 1: 30
SECRETARY OF STATE

AUG 1 6 2013 J. BRYAN



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 13, 2013

Order#: 752283-058

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



## 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: <u>CLPSUN PAR</u>	TNERS II, LLC
2. (a) Principal office address of limited liability compar	w. 450 S Orange Ave
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32801
(1.000 1300 2 22 0 23 22 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
(b) Mailing address of limited liability company:	PO Box 4920
(Note: MAY BE POST OFFICE BOX)	Orlando, FL 32802
	The state of the s
10/24/2011	M11000005328
3. Date of filing/registration in Florida	4. Document number
2. 2 0	2
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
	•
Registered Agent:	Amy J Patterson
Registered Office Address:	450 S Orange Ave
Registered Office Address.	Orlando, FL 32801
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
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 otherwished operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office
Dona Priebe, Authorized Person 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 n address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in perely reflect a change in the registered office ny has been notified in writing of this change.
By: Aughe axan	
Signature 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