## M130000 2365

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
:		

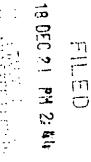
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RIALLY



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscqlobal.com

Date: December 19, 2018

Order#: 508868-358

Re: NIC 4 SUNSET LAKE LEASING 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: Lindsey Baronie

c/o Corporation Service Company

251 Little Falls Drive 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 605.0114 or 605.0116, 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.

(a)	1345 Ave. of the Americas 45th Flr.		(b	)		72.15.2.2	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	New York	N\ 10105					
	04/15/2013		. <del></del> .	M130000	002365		
	Date of filing/regis	tration in Florida	4.		Document number		
(a)	CT CORPORATION SYS	STEM					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				te:		
	1200 SOUTH PINE ISLAN	ND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-			
					:		
	PLANTATION		, FL <u>33324</u>		_ _ <del>_</del>	er er	F
(b)	Corporation Service Comp				_	21 PM	LED
	Enter name of NEW Registered a	Agent and/or NEW Regist	tered Office add	<u>lress</u> :		2:14	<u> </u>
	1201 Hays Street  NEW Registered Office Address:				_	•	
					_		
	Tallahassee		, FL <u>32301</u>		_		
cha ent w s/we	mited liability company is n nge or changes are made, the rill be identical. Or, in the c re authorized by an affirmat cles of organization or the o	e Florida street addres ase of a Florida limite ive vote of the membe	ss of the regised liability co ers of the lim	tered offic mpany, it i ited liabili	e and the business of is hereby confirmed ty company or as oth	ffice of the re that the chan	egister ge(s)
	ure of member or authorized repr	nei	Jill C	ilmi, Autho	orized Person		
eret	we of zmethber or authorized reprive accept the appointment as one of all statutes relative to gations of my position as rely reflect a change in the rej	registered avent and	l agree to act leie performa	in this cap ance of my	Printed or typed name pacity. I further agreed duties, and I am fan	er to comply:	with th d acce