## 1114000005081

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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NCR National Corporate Research (Hong Kong) Limited, a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited, Registered in England and Wales, Registry # 8010712

Albany • Charlotte • Chicago • Dallas • Dover • Los Angeles • New York • Sacramento • Springfield • Tallahassee • Washington, D.C. • Hong Kong • London

|   | Account#: I2000000088                  |
|---|--|
| Date: 04/11/2017  |  |
| Name: Marisa Kugelmann  |  |
| Reference #: C017924  | •                                      |
| ENTITY NAME: SI ORLANDO GP, LLC   |  |
| Articles of Incorporation/Authorization to Transact Business                          |  |
| Amendment   |  |
| Annual Report   |  |
| Change of Agent   |  |
| Reinstatement   | To: N                                  |
| Conversion  | ALLAHA                                 |
| Merger  | R 12                                   |
| Dissolution/Withdrawal  | R 12 M D<br>R 12 M D<br>R 12 M D       |
| Fictitious Name   |  |
| Other:  | —————————————————————————————————————— |
| Authorized Amount: \$\frac{\pm 25.00}{25.00}\$ Signature: \$\frac{\pm 25.00}{25.00}\$ |  |

## 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.

| I. Na              | Name of the limited liability company: SI ORLANDO GP, LLC   |                                       |  | ANDO GP, LLC  |
|--------------------|---|---------------------------------------|--|---|
| 2. (a)             | 5607 Glenridge Drive, Suite 430   | (                                     | (b)5   | 607 Glenridge Drive, Suite 430  |
| . (u)              | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |                                       |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|                    | Atlanta, GA 30342   | <del></del>                           | <del></del>                                  | Atlanta, GA 30342   |
|                    | 7/17/2014   | <u> </u>                              |  | M14000005081  |
| 3.                 | Date of filing/registration in Florida  | 4.                                    |  | Document number   |
| 5. (a)             | CORPORATION SERVICE COM   | PANY                                  |  |   |
| , ( <del>u</del> ) | Registered Agent and Registered Office shown on the records of  | the Flori                             | da Dept. of St                               | nic:  |
|                    | 1201 HAYS STREET  |                                       |  |   |
|                    | Registered Office Address (MUST BE FLORIDA STREET   | ADDRES                                | <u>(S)</u>                                   | <del>-</del>  |
|                    | <u></u>   |                                       | <del></del> .                                | 2011  |
|                    | TALLAHASSEE, FI   | ւ;                                    | 32301  | _ 5   |
| (b)                | National Corporate Research, Ltd.   | ., Inc.                               |  | 2011 APR 12<br>SLUGHE ARR<br>FALLAHASS  |
|                    | Enter name of NEW Registered Agent and/or NEW Registered  | 1 ОПсе в                              | ddress:                                      |   |
|                    | 115 North Calhoun Street, Suite   | e 4                                   | .==  | FSIATE FLORID   |
|                    | NEW Registered Office Address:  |                                       |  | <u> </u>  |
|                    | Tallahassee FI  |                                       | 32301  | _   |
|                    | , FI  |                                       | 32301  | <del>-</del>  |
| he char<br>gent w  | mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of | f the reg<br>iability c<br>of the lir | istered offic<br>company, it<br>nited liabil | ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in |
| /as/we<br>he artic | cles of organization or the operating agreement of the  | limited                               | -  | • •   |
| as/we<br>ne artic  | cles of organization or the operating agreement of the  | limited                               | -  | mpany.<br>O_Desal   |
| Signati            | ure of a member or authorized representative of a member  |                                       | Jati   | Printed or typed name of signee   |
| he artic           | - GCV)  |                                       | Jati   | Printed or typed name of signee   |