## M15000000486

(Requestor's Name)					
(Address)					
(Address)					
(City/	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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IN 25 -4 A 9-5

**S Warren** AUG 0 5 2016



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: August 2, 2016

Order#: 214438-015

Re: SUMTER GRAND TRS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Janis M. Smith 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 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.

1. Na	ame of the limited liability company: SUMTER GRAN	D TRS, L	LC		
2. (a)	189 S ORANGE AVE SUITE 1700	(b)	189 S O	RANGE AVE SUITE 1700	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	M	ailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	
	ORLANDO, FL 32801	<u> </u>		), FL 32801	<del></del>
					<u>.</u>
	01/20/2015	_	M1500000	0486	
3.	Date of filing/registration in Florida	4.	I	Document number	
5. (a)	F&L CORP.				
()	Registered Agent and Registered Office shown on the records of the	e Florida I	Dept. of State:		
	ONE INDEPENDENT DR SUITE 1300			ab.	
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		Fr & 1943 - 275 - 275 - 375 - 375	
	JACKSONVILLE , FL	32202		S - 4 A TARY OF S KASSEE, EL	
(b)	Corporation Service Company  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Company</u>	Miss add		STATE	ע
	Enter name of NEW Registered Agent and/or NEW Registered C	minee goar	<u>CSS</u> :	SO NTE RIBA	
	1201 Hays Street			<b>P</b> -	
	NEW Registered Office Address:				
		-			
	Tallahassee , FL	32301			
the cha agent v was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization on the operating agreement of the li	he registe pility con the limit	ered office a npany, it is l ed liability	and the business office of the reginereby confirmed that the change company or as otherwise provide	stered (s)
	Jan Dken			Authorized Person	
Signat	nure of a member or authorized representative of a member			rinted or typed name of signee	
provisi the obli to mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act in erformar for in Ch ereby con	n this capac ace of my di apter 605, j firm that th	rity. I further agree to comply wi tties, and I am familiar with and i F.S. Or, if this document is being e limited liability company has b	th the accept filed een
Signatui	re of Registered Agent Corporation Service Company	BY; Grad	e E. Kirby, As	st. Vice President	

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