

M 15000000500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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16 AUG -4 PM 12:14  
TALLAHASSEE, FLORIDA  
CLERK OF COURT

AUG 05 2016

Y SULKER



CORPORATION SERVICE COMPANY

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#: 214438-025

Re: SUMTER PLACE TRS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.  
X 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. Name of the limited liability company: SUMTER PLACE TRS, LLC

2. (a) <u>189 S ORANGE AVE SUITE 1700</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>ORLANDO, FL 32801</u>	(b) <u>189 S ORANGE AVE SUITE 1700</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>ORLANDO, FL 32801</u>
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3. <u>01/20/2015</u> Date of filing/registration in Florida	4. <u>M15000000500</u> Document number
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5. (a) F & L CORP.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ONE INDEPENDENT DR SUITE 1300  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
JACKSONVILLE, FL 32202

(b) Corporation Service Company  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1201 Hays Street  
NEW Registered Office Address:  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u><i>Fiona D Keene</i></u> Signature of a member or authorized representative of a member	<u>FIONA KEENE, Authorized Person</u> Printed or typed name of signee
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*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*Grace E Kirby*  
Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

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(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

ORLANDO, FL 32801

ORLANDO, FL 32801

01/20/2015

M15000000500

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JACKSONVILLE, FL 32202

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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DEPARTMENT OF STATE

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Fiona D Keene  
Signature of a member or authorized representative of a member

FIONA KEENE, Authorized Person

Printed or typed name of signee

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Grace E Kirby  
Signature of Registered Agent

Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00