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Division of Corporations

Fax Number : (850)617-6383

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Phone

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE SUNSTREET ENERGY GROUP, LLC

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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.

	SUNSTREET E	NERGY GR	OUP, LLC	
	mc of the limited liability company: 700 N.W. 107th Avenue	(b)	700 N.W.	107th Avenue
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Suite 400	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 400			22172
	Miami, FL 33172		Miami, FL	33172
	03/30/2015		415000002	
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document number
J. (a)	Registered Agent and Registered Office shown on the records 1200 SOUTH PINE ISLAND ROAD		<u>. </u>	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	PLANTATION	FL_33324		26.20
(b)	Corporate Creations Network Inc.			29
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			耳
	801 US Highway I			
	NEW Registered Office Address:			3,0
	North Palm Beach	FL_33408		-
change agent	timited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of	the registered liability course of the limited	mpany, it i ited liabilit iability cor	s hereby confirmed that the change(s) y company or as otherwise provided in ripany. an, Attorney-in-Fact
Signa	ature of a member or authorized representative of a member			Printed or typed name of signce
I here provis the ob	thy accept the appointment as registered agent and tions of all statutes relative to the proper and compl ligations of my position as registered agent as prov rely reflect a change in the registered office address ad in writing of this change.	ided for in C , I hereby co	in this cap ince of my chapter 60. infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept S.F.S. Or, if this document is being filed the limited liability company has been
Signat	Danielle Gossman, Special Se	cretai y		
	Division of Carnerations P.	O. Box 632	7• Tallabı	issee, FL 32314

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