M17000004080

| (Red | questor's Name) | | |
|---|-------------------|-------------|--|
| (Ade | dress) | | |
| (Ada | dress) | | |
| (Cit | y/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nar | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



600329376116

U5/2U/19--U1848--U13 **25.80







CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: FLORIDA REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson elizabeth.dawson@cscglobal.com

Date: May 16, 2019

Order#: 741837-270

Re: SUNRUN URSA OWNER 2017, 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.

Please return evidence to the following:

Attn: Elizabeth Dawson c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

. ___ 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 | me of the limited liability company: SUNRUN ປ | RSA OWNER | 2017, LLC |
|--|--|---|--|
| 2. (a) | 595 Market Street, 29th Floor | (b) | 595 Market Street, 29th Floor |
| (, | Principal office address of limited liability company | <u> </u> | Mailing address of limited liability company: |
| | (Note: MUST BE STREET ADDRESS) | | (Note: MAY BE POST OFFICE BOX) |
| | San Francisco. CA 94105 | | San Francisco, CA 94105 |
| | | | |
| | | | |
| | 05/12/2017 | | M1700004080 |
| 3. | Date of filing/registration in Florida | -1, | Document number |
| 5. (a) | C T Corporation System | | |
| Registered Agent and Registered Office shown on the records of the Florida Dept, of State: | | | |
| | 1200 South Pine Island Road | | |
| | | | |
| | | | · } · · · · · · · · · · · · · · · · · · |
| | | | |
| | Plantation | FL <u>33324</u> | |
| | | ı | |
| (p) | Corporation Service Company | 1.45.59 | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | red Office addr | |
| | 1201 Have Chart | | |
| | 1201 Hays Street NEW Registered Office Address: | <u> </u> | |
| | Registered Villee Andrews. | | |
| | | | |
| | | | |
| | Tallahassee | FL 32301 | _ |
| If the li | mited liability company is not organized under the | I Jaws of the S | tate of Florida, it is hereby confirmed that after |
| the cha | nge or changes are made, the Florida street address till be identical. Or, in the case of a Florida limited | of the registe | ered office and the business office of the registered |
| was/we | re authorized by an affirmative vote of the membe | rs of the limit | ed liability company or as otherwise provided in |
| the arti | cles of organization or the operating agreement of | the limited lia | bility company. |
| | Jill Cilmi, Authorized Person | | |
| _ | ure of a premoer or authorized representative of a member | | Printed or typed name of signee |
| provisi the obli to mere notified | ly reflect a change in the registered office address t in writing of this change. | efe performar ided for in Ch , I hereby con | ice of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed |
| Signatur | e of Registered Agent Corporation Service Compan | y By: Eliz | abeth A. Dawson, Asst. Vice President |
| | Division of Corporations • P.C |) Box 6327• | Tallahassee, FL 32314 |

FILING FEE: \$25.00