M17000005340

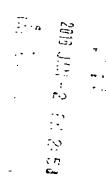
| (Re | questor's Name) | | | |
|---|--------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cil | ty/State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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| | | · | | |

Office Use Only



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01/02/18--01013--035 **25.00



MOS TOWN ROLES



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscqlobal.com

Date: December 29, 2017

Order#: 960642-124

Re: SAND LAKE 2 ACQUISITION (GP) LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Tecora Bell

c/o Corporation Service Company

251 Little Falls Drive 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. N | lame of the limited liability company: SAND LAKE 2 | ACQUISITIO | ON (GP) LLC |
|-------------------------------------|--|--|--|
| 2. (a) | 20435 NORTH 7TH STREET | (b) | |
| ` ' | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | PHOENIX AZ 85024 | | |
| | 06/19/2017 | M | 17000005340 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a |) CAPITOL CORPORATE SERVICES, INC. | | |
| (| Registered Agent and Registered Office shown on the records of | the Florida De | ot, of State: |
| | 515 EAST PARK AVENUE, 2ND FL | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | |
| ı | | | |
| | TALLAHASSEE FI | . 32301 | |
| (L) | Corporation Society Company | | |
| (b) | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered | i Office addres | |
| | | | · · · · · · · · · · · · · · · · · · · |
| | 1201 Hays Street | | ₹ h |
| | NEW Registered Office Address: | | |
| | | | |
| | Tallahassee , FL | 32301 | |
| the ch agent was/w the art | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | f the registere ability comp of the limited limited liabi | ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in |
| Signa | ature of a member of authorized representative of a member | | Printed or typed name of signee |
| the ob to mer | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change. | ree to act in i performance d for in Chap hereby confi | his capacity. I further agree to comply with the c of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed m that the limited liability company has been |
| Signati | Those tokuby | DW C | EWIL A WEST |
| อเซนสม | ire of Registered Agent Corporation Service Company | BY: Grace | e.E. Kirby, Asst. Vice President |

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