3/19/2020

Division of Corporations

Resubmission, keep file date of 03/19/2020



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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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 SAND LAKE 2 ACQUISITION (GP) LLC

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O SIMMON

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:	uisition (GP) LL	C
2. (a)		(h)	
<u>.</u> . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ()	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	20435 NORTH 7TH STREET	3280	BLOOR ST W, CENTRE TOWER, STE 1400
	PHOENIX, AZ 85024	TOR	ONTO, ONTARIO M8X-2X3 CA
	06/19/2017	M1700	00005340
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			207
<i>J.</i> (a)	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	the Florida Dept. o	of State: WARR
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1200 HAYS STREET		
	TALLAHASSEE , FL	32301	<u> </u>
(b)	C T Corporation System		一
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation, FL	33324	
the cha agent v was/we the arti	imited liability company is not organized under the large 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 on the operating agreement of the	f the registered (ability company of the limited liz	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
the obl to meri notified By:	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. CT Corporation System CT Kimbo	perjormance of d for in Chapte hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been Assistant Secretary

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