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| Special Instructions to | Filing Officer: | | | | | |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

€OVER LETTER

TO:

Registration Section

| Divi | sion of Corporations | | | | | |
|-------------------------------|--|-----------------------|---|--|--|--|
| SUBJECT: | Sullivan Equity Investment Holdings, LLC | | | | | |
| | Name of Limited Liability Company | | | | | |
| Dear Sir or N | Madam: | | | | | |
| The enclosed | d Registered Agent/Registered Off | ice Change and fe | ee(s) are submitted for filing. | | | |
| Please return | n all correspondence concerning th | is matter to the fo | llowing: | | | |
| Donna Co | lavito | | | | | |
| | Name of Person | | - | | | |
| Granite As | ssociates, Inc. | | | | | |
| | Firm/Company | | - | | | |
| 225 Banya | an Boulevard, Suite 130 | | | | | |
| | Address | <u> </u> | - | | | |
| Naples, Fl | L 34102 | | | | | |
| | City/State and Zip Code | - | - | | | |
| dcolavito@ | granitelp.com | | | | | |
| E-mail | address: (to be used for future ann | ual report notific | ation) | | | |
| For further in | nformation concerning this matter, | please call: | | | | |
| Louis J. Bo | oyd · | 239 at (| 228-6505 | | | |
| | Name of Person | ui (| Area Code & Daytime Telephone Number | | | |
| Regi Divi Clift 2661 | REET/COURIER ADDRESS: istration Section sion of Corporations con Building I Executive Center Circle ahassee, Florida 32301 | Regi Divis P.O. | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enc | losed is a check for the following | amount: | | | | |
| 2 \$2 | 25 Filing Fee | \$55 | Filing Fee & Certified Copy | | | |
| INHS18 (2/14 | () | | | | | |

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 | Name of the limited liability company: Sullivan Equity | y Investi | ment Ho | oldings, LLC | ; | | |
|--------------------------|---|--|--|---|--|--|--|
| 2. (a | 225 Banyan Boulevard | (b) | (b) 225 Banyan Boulevard | | | | |
| 2. (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | J | _ | of limited liability company: BE POST OFFICE BOX) | | |
| | Suite 130 | | Suite 13 | 30 | | | |
| | Naples, FL 34102 | | Naples, | FL 34102 | | | |
| | August 24, 2017 | N | /170000 | 07359 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document no | umber | | |
| 5. (a | United Corporate Services, Inc. | | | | · | | |
| 5. (0 | Registered Agent and Registered Office shown on the records of the | he Florida D | Dept. of State | – e: | | | |
| | 9200 South Dadeland Blvd | | | | T | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | | |
| | Suite 508 | | | | A REPORT OF THE PROPERTY OF TH | | |
| | Miami , FL | 33156 | | _ | FILE PH | | |
| (b | | | | _ | PH 3: | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office addr | ess: | | 4. A. | | |
| | 225 Banyan Boulevard | | | | | | |
| | NEW Registered Office Address: | | | - | | | |
| | Suite 130 | | | _ | | | |
| | Naples, FL | 34102 | | _ | | | |
| the cl agent was/v | limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of tiples of organization of the operating agreement of the l | the registe bility con f the limit | ered office npany, it is ed liabilit | e and the busi s hereby conf y company or | ness office of the registered irmed that the change(s) | | |
| 4 | ous Bayl | Louis | s J. Boyo | | | | |
| [] | nature of a member or authorized representative of a member | _ | | • • • | d name of signee | | |
| provi the oi to me | eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I head in writing of this change. | performan l for in Ch | ice of my apter 605 | duties, and La 5, F.S. Or, if t | am familiar with and accept this document is being filed | | |
| //- | ture of Registered Agent | | | | | | |
| | L V | Aw £277 - | Tallak | El 2224 | 4 | | |
| | Division of Corporations P.O. B | UX UJ4/♥ | t anananas | 35CC. F.L. J2J1 | • | | |