## M1800000 A621

(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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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#: 741837-096

Re: SUNRUN ULYSSES MANAGER 2018, LLC

Enclosed please find:

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.

OUCA.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 ULYS	SES OV	NER 2018.	LLC
7	(a)	595 Market Street, 29th Floor	(h	595 Mar	ket Street, 29th Floor
	(~)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	· ———	failing address of limited liability company; (Note: MAY BE POST OFFICE BOX)
		San Francisco, CA 94105	_	San Franc	cisco, CA 94105
		03/15/2018	<del></del>	M1800000	2621
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	he Florida	Dept. of State:	
		1200 South Pine Island Road			
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	•	
		Plantation . FI.	33324		ZEE KAY
	(b)	Corporation Service Company			20
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ado	ress:	•
		1201 Hays Street			, w
		NEW Registered Office Address:			´. တေ
		Tallahassee , FL	32301		
the age wa	cha ent v s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of a fill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co f the lim	tered office mpany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Jue E. alne	Jiil C		ized Person
S	ignat	ure of a prember or authorized representative of a member			Printed or typed name of signee
pro the to t	visi obl. nere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address, I have thing of this change	oerformo	mve of $mv$ $d$	uties, and I am familiar with and accept
- C:		Unale a dan	D.,	androsi e i	Samuel Control of the Control
218	znatui	e of Registered Agent Corporation Service Company	By: Eli	zabeth A. I	Dawson, Asst. Vice President

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

## M19 000 000 694

(Requestor's Name)						
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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#: 741837-185

Re: SUNRUN ULYSSES OWNER 2018, 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.

(a)	595 Market Street, 29th Floor	(h)	595 Market Street, 29th Floor			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  San Francisco, CA 94105		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  San Francisco, CA 94105			
	01/18/2019		M19000000694			
	Date of filing/registration in Florida	-4.	Document number			
(a)	CT Corporation System  Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	f the Florida D	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
(h)		L 33324	2019 MAY 20 F			
(b) <sub>.</sub>	Finter name of NEW Registered Agent and/or NEW Registered 1201 Havs Street	d Office addr	m:			
	NEW Registered Office Address:					
	Tallahassee	J 32301	<del></del>			
	raliatiassee , Fi	1, 32301				
e cha jent w as/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of fragnization or the operating agreement of the	f the registe iability com of the limite limited lia	ered office and the business office of the registered opany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.			
Siana	ure of a premacr or authorized representative of a member	Jill Cil	mi, Authorized Person  Printed or typed name of signee			
heret ovisio e obli mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and completing igations of my position as registered agent as provided by reflect a change in the registered office address. It is priviled to this change.	ree to act in e performan ed for in Ch hereby con	n this capacity. I further asses to comply with the			