## M18 00000 3511

(Requestor's Name)				
(Address)				
(Address)				
(City	y/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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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@cscqlobal.com

Date: May 16, 2019

Order#: 741836-271

Re: SUNRUN SIRIUS MANAGER 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.

2. (a)	595 Market Street. 29th Floor	(b)	595 Market Street, 29th Floor
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	San Francisco, CA 94105		San Francisco, CA 94105
	04/11/2018		M18000003511
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
. (11)	Registered Agent and Registered Office shown on the records	of the Fiorida I	Pept, of State:
	1200 South Pine Island Road		
	reistered Office Address (MUST BE FLORIDA STREET ADDRESS)		
			2919 MAY
	Plantation	FL <u>33324</u>	20 N
			20 1
(b) _	Corporation Service Company		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addr	res: 59 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	4004.11		် မ <b>ာ</b> တ
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahassee	FL 32301	<del></del>
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the control of the contr	of the registed Hiability consists of the limit	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	Xee & Come	Jill Ci	ilmi, Authorized Person
_	ture of a premier or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provide ely reflect a change in the registered office address, d'in yriting of this change.	ite nerformai	nce of my duties, and I am familiar with and accep
	Elizabe a Xan		
Signatu	ire of Registered Agent Corporation Service Company	y – By: Eliz	zabeth A. Dawson, Asst. Vice President