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> 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: February 11, 2019

Order#: 567170-060

Re: HOPDODDY SUNRISE METROPICA, 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: Katie Thomas 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	ame of the limited liability company: HOPDODDY	SUNRISE M	METROPICA, LLC
2. (a)	512 E. RIVERSIDE DRIVE, SUITE 150	(b)	512 E. RIVERSIDE DRIVE, SUITE 150
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	AUSTIN, TX 78704		AUSTIN, TX 78704
	08/23/2018		M18000007777
S.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T CORPORATION SYSTEM		
J. (u)	Registered Agent and Registered Office shown on the records o	of the Florida I	Dept. of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS))
	-		•
	PLANTATION F	I. <u>33324</u>	5
			├── : : >*:: ===================================
(b)			
	Enter name of NEW Registered Agent and/or NEW Registere	22 FF	
	1201 Hays Street		
	NEW Registered Office Address:		記し、 記し、 35
	Tallahassee F	L_32301	
he cha gent v vas/w	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registe iability come of the limite e limited lia	tered office and the business office of the registe mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
Signa	ture of a monther or authorized representative of a member		Printed or typed name of signee
l here provisi he obi	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address. I	gree to act in e performan ed for in Ch	in this capacity. I further agree to comply with t ince of my duties, and I am familiar with and acc hapter 605. F.S. Or, if this document is being fil
o mer otifie	d in writing of this change.	пегеоу соп	nfirm that the timited trability company has been

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