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(Requestor's Name) (Address) (Address)	600329596316			
(City/State/Zip/Phone #)	05/20/1901048004 **25.00			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	STALLENT JUN 0.5 2019			
Office Use Only	NALLH			

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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#: 741834-285

Re: SUNRUN CYGNUS OWNER 2018, LLC

. .

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. <u>XX</u> Check in the amount of \$25.

Please take the following action:

XXFile in your office on a routine basis.XXIssue 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.

Street, 29th Floor Loffice address of limited liability company: <i>lote: MUST BE STREET (ADDRESS)</i> ncisco, CA 94105	_ (b)	Mailing address o	9th Floor of limited liability company; 3 <u>E POST OFFICE BON</u> )
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f Office Address:			5: <b>46</b>
, FL	32301		
	it and Registered Office shown on the records of th Pine Island Road se Address <u>(MUST BE FLORIDA STREET AI</u> . FL	of filing/registration in Florida       4.         ration System	of filing/registration in Florida       4.       Document nu         ration System       .       Document nu         it and Registered Office shown on the records of the Florida Dept. of State:       .         Pine Island Road       .       .         be Address       (MUST BE FLORIDA STREET ADDRESS)       .         .       .       .       .         Service Company       .       .       .         EW Registered Agent and/or NEW Registered Office address:       .       .         Street       .       .       .         d Office Address:       .       .       .

Signature of a member or authorized representative of a member

· . . .

Jill Cilmi, Authorized Person
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in spritting of this change.

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Signature of Registered Agent Corporation Service Company By: Elizabeth A. Dawson, Asst. Vice President

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25,00