## M19000000791

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



400329389754

U5/2U/19--U1U48--UU9 \*\*25.UU

ABLAMASSOLL FLOR LO

. 1

High



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#: 741837-118

Re: SUNRUN ULYSSES MANAGER 2019, 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.

Issue Proof of Filing.

Y.. 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.

1.	Na	me of the limited liability company: SUNRUN ULYSS	SES MA	NAGER 20	)19, LLC		
2. (:	1)	595 Market Street, 29th Floor	(b)	595 Ma	arket Street, 29th Floor		
(-	•	Principal office address of limited liability company.	_ (\(\frac{\partial}{\partial}\)		Mailing address of limited liability company:		
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)		
		San Francisco, CA 94105	_	San Fran	ncisco, CA 94105		
			<del></del>				
		01/23/2019	_	M190000	00791		
3.		Date of filing/registration in Florida	4.		Document number		
5. (	a)	C T Corporation System					
. (u)	,	Registered Agent and Registered Office shown on the records of the Florula Dept. of State:					
		1200 South Pine Island Road					
		Registered Office Address					
		Plantation .FL	33324		22		
(b)	))	The state of the s					
	· ·	Enter name of NEW Registered Agent and/or NEW Registered C	7				
		1201 Hays Street			TO 1-4		
		NEW Registered Office Address:					
					مرم الم		
		Tallahassee	32301				
			_				
lf the the c	: li: ha:	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the	s of the S he regist	State of Flo ered office	orida, it is hereby confirmed that after		
igen.	[ w	all be identical. Or, in the case of a Florida limited liab	oility con	apany, it is	s hereby confirmed that the change(s)		
was/ the a	we nic	re authorized by an affirmative vote of the members of lies of figanization or the operating agreement of the li	the limit mited lia	ed liability ability com	company or as otherwise provided in		
		Xie E. Cienie					
Sig	пан	are of a premier or authorized representative of a member	3111 (	iriii, Audio	rized Person Printed or typed name of signee		
Lhei grovi he o	reh İsle bli	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered affice address. I he	e to act i erformai for in Cl	n this cape ice of my c unter 605	icity. I further agree to comply with the thities, and I am familiar with and accept the FS. Or, if this document is being flish		
o me notifi	re ed	ty reflect a change in the registered office address. I he in criting of this change.	reby coi	ifirm that	the limited liability company has been		
C:		Musche a Xan	יים כז	1 .	D		
Signa	HUI	e of Registered Agent Corporation Service Company	By: եխ	abeth A.	Dawson, Asst. Vice President		

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

## 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	SSES MAI	NAGER 2019, LLC		
2	(a)	595 Market Street, 29th Floor	(b)	595 Market Street, 29th Floor		
-	x==7	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		
		01/23/2019		М19000000791		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	C T Corporation System  Registered Agent and Registered Office shown on the records of  1200 South Pine Island Road  Registered Office Address (MUST BE FLORIDA STREET)		Dept. of State:		
		Plantation FI				
(b	(b)	Corporation Service Company				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	<u>res</u> : 23		
		1201 Havs Street	,	2019 MAY 2		
		NEW Registered Office Address:				
		Tallahassee FI	, 32301			
the age wa	e cha ent v is/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regist ability cor of the limi limited li	State of Florida, it is hereby confirmed that after ered office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.		
	ligne	ture of a premoer or authorized representative of a member	Jill C	ilmi, Authorized Person  Printed or typed name of signee		
]] pro the to	here ovisi e ohl mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I in writing of this change.	performa d for in C	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accep hanter 605 F.S. Or if this document is being filed		