

12/2/2019

Division of Corporations



Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
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**LLC REGISTERED AGENT CHANGE
SUNLIGHT FINANCIAL LLC**

Certificate of Status	0
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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. Name of the limited liability company: SUNLIGHT FINANCIAL LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

234 W 39th ST FL 7

New York, NY 10018

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

234 W 39th ST FL 7

New York, NY 10018

03/20/2019

M19000002722

3. Date of filing/registration in Florida

4. Document number

5. (a) UNIVERSAL REGISTERED AGENTS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1317 CALIFORNIA ST

TALLAHASSEE

FL 32304

NRAI Services, Inc.

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation

FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Natalie Pickens
Signature of a member or authorized representative of a member

Natalie Pickens-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 writing of this change.

By: Sarah Revelle Sarah Revelle-Asst. Secretary
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
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