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2022 MAR -9 AM II: 09
SECNETIANY OF STATE
TANK AHASSEE, EL



RARROCHS

MAR 1 0 2022 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 532879 8371611

AUTHORIZATION : Symbolic man

COST LIMIT : \$ 35.00

ORDER DATE : March 8, 2022

ORDER TIME : 10:30 AM

ORDER NO. : 532879-012

CUSTOMER NO: 8371611

CHANGE OF AGENT

NAME: SUN COURT GP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 6. nge is submitted for a corporation to change its registered office or	organized under the law	rs of the State of Flo	orida	
1. The name of ti	he corporation: SUN COURT GP	, INC.			
2. The principal	office address: 6101 Carnegie Bo	ulevard, Suite 455, Cha	irlotte, NC 28209		
3. The mailing a	ddress (if different):				
4. Date of incorp	rporation/qualification: 06/22/2017 Document number: P17000054684				
	street address of the current regist tment of State: (If resigned, enter r		d office on file with t	he	
	Frank, Weinberg & Black, P.L.			202	
	78050 SW 6 Court			2022 MAR -9	
	Plantation, FL 33324			H - 4	
6. The name and (if changed):	street address of the new registere Corporation Service Company	d agent (if changed) and	l /or registered office	S'C	
	1201 Hays Street				
		P.O. Box NOT acceptable			
	Tallahassee	FL_	32301		
	ss of its registered office and the be identical.				
Such change was author(ze) by the	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of d een notified in writing o	irectors or by an off f the change.	icer so	
Xiel	2 agnie	Jill Cilmi, Vice I			
I further tigree to of my duties, and document is beir corporation has	the appointment as registered ago to comply with the provisions of a I I am familiar with and accept the Befiled merely to reflect a change been notified in writing of this cl Service Company	out and agree to get in t	d or typed name and title his capacity. e proper and comple tion as registered as address, I hereby c	tte performance gent. Or, if this onfirm that the	
By: Cly	m Ley	03/09/2022	Data	.	
If signing on bell	Asst. Vice President		Date		
Tu	ned or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

CR2E045 (04/13)