

MOB000000924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

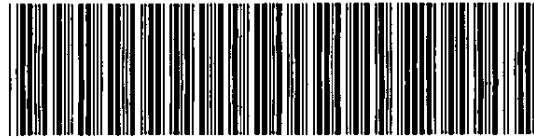
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
15 MAY 19 AM 10:28

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16 MAY 19 PM 4:20

MAY 20 2016

S. YOUNG

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 144616 4321061  
AUTHORIZATION : *Lyndell E. ...*  
COST LIMIT : \$ 25.00

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FL 32301  
16 MAY 19 11:10:28

ORDER DATE : May 17, 2016  
ORDER TIME : 3:30 PM  
ORDER NO. : 144616-080  
CUSTOMER NO: 4321061

FOREIGN FILINGS

NAME: ZEPHYRHILLS APARTMENT  
ASSOCIATES, LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Zephyrhills Apartment Associates, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M06000000924

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: February 17, 2006

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

**Bret L. Block, Organizer**

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A GEORGIA LIMITED LIABILITY COMPANY UNDER THE NAME OF "ZEPHYRHILLS APARTMENT ASSOCIATES, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF MAY, A.D. 2016, AT 2:24 O`CLOCK P.M.

16 MAY 19 AM 10:28  
I LEED STATE  
SECRETARY OF FLORIDA  
TLL AM/SS/EE/FLORIDA



  
Jeffrey W. Bullock, Secretary of State

6044465 8100F  
SR# 20163310405

Authentication: 202334993  
Date: 05-17-16

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:24 PM 05/17/2016  
FILED 02:24 PM 05/17/2016  
SR 20163310405 - FileNumber 6044465

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO  
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Georgia.
- 2.) The jurisdiction immediately prior to filing this Certificate is Georgia.
- 3.) The date the Non-Delaware Limited Liability Company first formed is December 8, 2004.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Zephyrhills Apartment Associates, LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Zephyrhills Apartment Associates, LLC.

FILED STATE  
SECRETARY OF STATE  
MAY 17 2016  
16 MAY 19 AM 10:28

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
16<sup>th</sup> day of May, A.D. 2016.

By:   
Authorized Person

Name: Bret L. Block, Organize  
Print or Type

# Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "ZEPHYRHILLS APARTMENT ASSOCIATES, LLC" FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF MAY, A.D. 2016, AT 2:24 O'CLOCK P.M.

11 DEPT STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 19 AM 10:28



  
Jeffrey W. Bullock, Secretary of State

6044465 8100F  
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Authentication: 202334993  
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STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION

First: The name of the limited liability company is Zephyrhills Apartment Associates, LLC


Second: The address of its registered office in the State of Delaware is 2711 Centerville Road, Suite 400 in the City of Wilmington  
Zip code 19808. The name of its Registered agent at such address is Corporation Service Company

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is \_\_\_\_\_.")

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this

16<sup>th</sup> day of May, 2016

By: 

Authorized Person (s)

Name: Bret L. Block, Organizer

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SECRETARY OF  
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