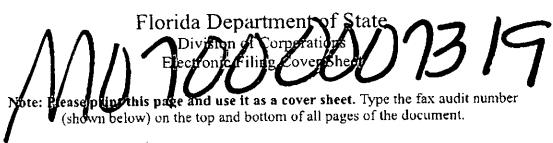
6/14/2018

Division of Corporations



(((H18000178412 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144

: (305)520-2344

Fax Number

: (305)520-2400

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

		-
547	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIGHTLINE TRAINS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Brightline Trains LL	С
Name of Foreign Lin	mited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are s	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Kolleen Cobb	
Name of Person	
Florida East Coast Industries	, LLC_
Firm/Company	
117 NE 1st Avenue, 11th I	Floor
Miami, FL 33132 City/State and Zip Code	
Kolleen.Cobb@feci.com E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, ple	ease call:
Brianna Hernandez at	1 (305) 520-2427
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: S25 Filing Fee \$\sum \text{S25 Filing Fee & Certificate of Status}\$ CR2E055 (9/15)	S55 Filing Fee & S60 Filing Fee. Certified Copy Certificate of Status Certified Copy

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)

Name of limited liability Company as it appear State: Brightline Trains LLC	s on the records of the Florida Department of		
State: State: Enter new principal office address, if applicable:	117 NE 1st Avenue, 11th Floor		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33132		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	117 NE 1st Avenue, 11th Floor Miami, FL 33132		
2. The Florida document number of this limited li	iability company is: M07000007319		
SECTION II (5-9 complete only the applicable 5. New name of the limited liability company: (ma	e changes) ust contain "Limited Liability Company," "L.L.C.," or "LLC.") ed for the purpose of transacting business in Florida and attach a lanaging members adopting the alternate name. The alternate name		
6. If amending the registered agent and/or registered agent and/or the new registered office	ered officer address on our records, enter the name of the new address berg:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street Address		
the provisions of all statutes relative to the proj	gent and agree to act in this capacity. Tyrither agree to comply this per and complete performance of my duties, and I am familiar with gistered agent as provided for in Chapter 605, F.S. Or, if this age in the registered office address. I hereby confirm that the limited		

liability company has been notified in writing of this change.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:								
itle/ Capacity	<u>Name</u>	Address	Type of Action					
FO, VP	Enderby, Heather	2855 LE Jeune Road, 4th Floo	r Add					
		Coral Gables, FL 33134	Remov					
OFO, VP	Swiatek, Jeffrey C.	161 NW 6th Street, Suite 9	900 Add					
		Miami, FL 33136	Remov					
		***************************************	Add					
			一点 Remov					
			Add					
			Remov					
· ———			Add					
aforement	n under the law of which this entity is	by the official having custody of fections in	Remo					