**Division of Corporations** 

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H180001863103)))



H180001883103ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 Phone : (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.\*\*

Email Address:

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIGHTLINE TRAINS LLC



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

JUN 25 2018

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Corporate Filing Menu

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### **COVER LETTER**

Division of Corporations			
<sub>вивјест:</sub> Brightline Trains LL	_C		
Name of Foreign L	imited Liabilit	y Compar	ny
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) are	submitted for	filing.	
Please return all correspondence concerning this n	natter to the fo	llowing:	
Jessica Perez			
Name of Person	·		
Brightline Trains LLC			
Firm/Company			
117 NE 1st Avenue, 11th	Floor		
Address			
Miami, FL 33136			
City/State and Zip Code			
kolleen.cobb@feci.com			
E-mail address: (to be used for future annual re	port notification	on)	
For further information concerning this matter, pl Jessica Perez	case call:	520-	2366
Name of Person	Area Code	& Davtime	Telephone Number
Name of Folson		•	•
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314
Euclosed is a check for the following amount:  \$\int \text{S25 Filing Fee}  \text{S30 Filing Fee & Certificate of Status} \$\text{CR2E055 (9/15)}	S55 Filin Certified		S60 Filing Fee, 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)

Enter new principal office address, if applicable:	161 NW 6th Street, Suite 900	
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	Miami, FL 33136	
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	ability company is: M07000007319	. 3
2. The Florida document number of this limited in	ability company is: M0700007319	
3. Jurisdiction of its organization: Delaware		
<ul> <li>3. Jurisdiction of its organization: Delaware</li> <li>4. Date authorized to do business in Florida: 12</li> </ul>	/18/2007	
SECTION II (5-9 complete only the applicable		
5. New name of the limited liability company: _ (mu	st contain "Limited Lizhility Company " "L.L.C	
· · ·	secondari Emined Elabinity Company,	C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	of for the purpose of transacting business in Flor anaging members adopting the alternate name. T	ida and attach a
(If name unavailable, enter alternate name adopte	Id for the purpose of transacting business in Flor anaging members adopting the alternate name. T.C." or "L.C.")  red officer address on our records, enter the name.	ida and attach a he alternate name
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or m must contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent.	Id for the purpose of transacting business in Flor anaging members adopting the alternate name. To "L.C.")  red officer address on our records, enter the name address here:	ida and attach a he alternate name ne of the new
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or m must contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent.	Id for the purpose of transacting business in Flor anaging members adopting the alternate name. To "L.C.")  red officer address on our records, enter the name address here:	ida and attach a he alternate name ne of the new
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or m must contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or registered segretared agent and/or the new registered office.	Id for the purpose of transacting business in Floranaging members adopting the alternate name. To a "L.C.")  red officer address on our records, enter the name address here:  Enter Florida Street Address	ida and attach a he alternate name ne of the new
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or m must contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent.	Id for the purpose of transacting business in Flor anaging members adopting the alternate name. To "L.C.")  red officer address on our records, enter the name address here:	ida and attach a he alternate name ne of the new

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:				
Title/ Capacity	Name	Address	Type of Action	
VP	P. Michael Reininger		∏Add	
			Remove	
<b>.</b>			Add	
			Remove	
			Remove	
			Addy	
			Add	
aforementic	a certificate, if required: no more than 9 oned amendment(s), duly authenticated bounder the law of which this entity is org	by the official having custody of recor		

Filing Fec: \$25.00