M11 00000 03779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

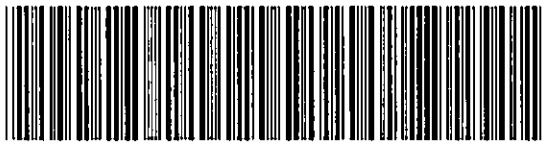
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/12/17--01042--011 **25.00

TIC PROPERTIES MANAGEMENT LLC

Trust Performance. Results.

December 29, 2017

Octavia L. Simmons
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: CapHarbor Property Management, LLC
File #: M11000003779

Dear Ms. Simmons:

In response to your attached letter dated December 14, 2017 regarding failure to include a certified copy of the name change filed with the domestic state, Delaware, I am returning herein the original signed Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida together with a copy of the certified name change relative to the above-named company.

Upon filing, please provide a stamped filed copy of the name change to this office to my attention by utilizing the enclosed self-addressed, stamped return envelope.

Should you have any questions relative to the foregoing, please do not hesitate to contact me at 864-679-4792 or Kathy.spicer@ticproperties.com.

Very truly yours,

TIC Properties Management, LLC, AMO®
LLC Administrator/C.P.

:kps

Enclosures

RECEIVED
JAN - 2 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CapHarbor Property Management, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Spicer
Name of Person

CapHarbor Property Management, LLC
Firm/Company

555 N. Pleasantburg Drive, Suite 110
Address

Greenville, South Carolina 29607
City/State and Zip Code

kspicer@capharborpm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Spicer at (864) 679-4792
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:

- ☒ $25 Filing Fee
- ☐ $30 Filing Fee & Certificate of Status
- ☐ $55 Filing Fee & Certified Copy
- ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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: CapHarbor Property Management, 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: M11000003779

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 7/26/2011

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

5. New name of the limited liability company: Poinsett Real Estate Investment Management, LLC
(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

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

_____

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

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove

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

John W. Boyd
_____
Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POINSETT REAL ESTATE INVESTMENT MANAGEMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4956242 8300

SR# 20177407284

Authentication: 203694768

Date: 12-06-17

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

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 AMENDMENT OF 'CAPHARBOR PROPERTY MANAGEMENT, LLC', CHANGING ITS NAME FROM "CAPHARBOR PROPERTY MANAGEMENT, LLC" TO "POINSETT REAL ESTATE INVESTMENT MANAGEMENT, LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF DECEMBER, A.D. 2017, AT 2:32 O`CLOCK P.M.

4956242 8100
SR# 20177394179

Authentication: 203694045
Date: 12-06-17

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:32 PM 12/05/2017
FILED 02:32 PM 12/05/2017
SR 20177394179 - File Number 4956242

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: CapHarbor Property Management, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Limited Liability Company is hereby changed to: Poinsett Real Estate Investment Management, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 5th day of December, A.D. 2017.

By: _____
Authorized Person(s)

Name: John W. Boyd
Print or Type