

MI4000008806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

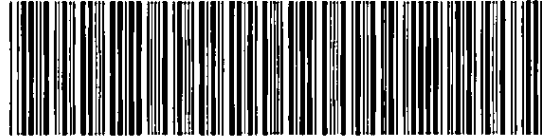
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

J. HORNE

OCT 19 2022

Office Use Only



200394054592

RECEIVED

2022 OCT 18 PM 3:30

CLERK OF COURT  
TALLAHASSEE, FLORIDA

FILED

2022 OCT 18 AM 9:24

CLERK OF COURT  
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195  
REFERENCE : 059554 7381795  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

-----  
ORDER DATE : October 18, 2022

ORDER TIME : 2:08 PM

ORDER NO. : 059554-065

CUSTOMER NO: 7381795  
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FOREIGN FILINGS

NAME: GRAND CYPRESS ACQUISITION LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Grand Cypress Acquisition 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:

Sally Liu

Name of Person

Berkshire Residential Investments

Firm/Company

One Beacon Street, 24th Floor

Address

Boston, MA 02108

City/State and Zip Code

SLiu@berkshireresi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sally Liu

Name of Person

at ( 617 ) 556-8142

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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

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

SECRETARY OF STATE  
TALLAHASSEE, FL  
2022 OCT 18 AM 9:23

FILED

**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: GRAND CYPRESS ACQUISITION LLC

Enter new principal office address, if applicable: Berkshire Residential Investments  
One Beacon Street, 24th Floor  
Boston, MA 02108

(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: M14000008806

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/09/2014

**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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

*Enter Florida Street Address*

Tallahassee, Florida 32301  
*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.*

 Assistant Vice President

If Changing Registered Agent, Signature of New Registered Agent

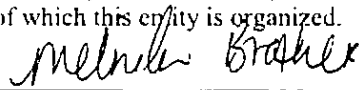
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Name of person and title has changed.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Mary Beth Bloom	One Beacon Street, 24th Floor	<input checked="" type="checkbox"/> Add
		Boston, MA 02108	<input type="checkbox"/> Remove
Authorized Person	Melinda Brothers	One Beacon Street, 24th Floor	<input checked="" type="checkbox"/> Add
		Boston, MA 02108	<input type="checkbox"/> Remove
Authorized Signatory	Julie Burdick	15771 Redhill Avenue, Suite 110	<input type="checkbox"/> Add
		Tustin, CA 92780	<input checked="" type="checkbox"/> Remove
Authorized Signatory	David Veneziano	15771 Redhill Avenue, Suite 110	<input type="checkbox"/> Add
		Tustin, CA 92780	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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

Melinda Brothers

Typed or printed name of signee

Filing Fee: \$25.00