M15000005460

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8642
Fax Number : (850)878-5368

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
DEANCURT TAMPA LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	$25.00

2016 SEP 20 PM 4:43
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 SEP 20 AM 10:59

FILED

Electronic Filing Menu Corporate Filing Menu Help

K. SALY
EXAMINER
SEP 21

COVER LETTER

TO: *Registration Section*
Division of Corporations

SUBJECT: Deancurt Tampa 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:

Macaria Brown
Name of Person

Aspen Square Management, Inc.
Firm/Company

380 Union Street, Suite 300
Address

West Springfield, MA 01089
City/State and Zip Code

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

For further information concerning this matter, please call:

Macaria Brown at (413) 439-6503
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

FILED
2016 SEP 20 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, 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: Deancurt Tampa LLC

Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
380 Union Street
Suite 300
West Springfield, MA 01089

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
380 Union Street
Suite 300
West Springfield, MA 01089

2. The Florida document number of this limited liability company is: M15000005460

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: July 13, 2015

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

5. New name of the limited liability company: Allister Grande View 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

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2016 SEP 20 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
The Manager has changed to Nepsa Manager LLC

Title/ Capacity	Name	Address	Type of Action
Manager	Nepsa Manager LLC	380 Union Street, Suite 300	☒ Add
		West Springfield, MA 01089	☐ Remove
Manager	Deancurt Realty Group, Inc.	21 Ramah Circle	☐ Add
		Agawam, MA 01001	☒ 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.

ALLISTER GRANDE VIEW LLC, By Nepsa Manager LLC, Its Manager, By Nepsa Property Investors, Inc. Its Manager

Signature of the authorized representative

Fred Anthony
President

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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "DEANCURT TAMPA LLC", CHANGING ITS NAME FROM "DEANCURT TAMPA LLC" TO "ALLISTER GRANDE VIEW LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2016, AT 12:34 O'CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

5782674 8100
SR# 20165837173

Authentication: 203016889
Date: 09-19-16

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:34 PM 09/19/2016
FILED 12:34 PM 09/19/2016
SR 20165837173 - File Number 5782674

STATE OF DELAWARE
FIRST AMENDMENT
OF
CERTIFICATE OF FORMATION

1. **Name.** The name of the limited liability company is Deancurt Tampa LLC.

2. **Certificate of Formation.** The limited liability company was formed by the filing of a Certificate of Formation dated on or as of July 10, 2015, with the Office of the Secretary of State of the State of Delaware on July 10, 2015 (the "Certificate").

3. **Amendment.** The Certificate is hereby amended to change the name of the limited liability company to **ALLISTER GRANDE VIEW LLC.**

IN WITNESS WHEREOF, the undersigned has executed this First Amendment on September 19, 2016.

NEPSA MANAGER LLC
Its Manager

By Nepsa Property Investors, Inc.
Its Manager

By _____
Name: Fred Anthony
Title: President

FILED
2016 SEP 20 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA