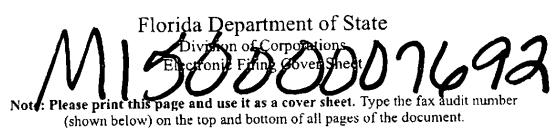
6/14/2018

Division of Corporations



(((H18000178413 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : 120020000144 : (305)520-2344 : (305)520-2400 Fax Number

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

Email Address:\_

会

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIGHTLINE MANAGEMENT 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 Managem		
Name of Foreign Li	mited Liability Company	
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) are	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	
Address		
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	.,305 \ 520-2427	
Brianna Hernandez Name of Person	Area Code & Daytime Telephone N	umber
Name of Person	Aica Code te Dayina Perepara	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tullahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:  \$\Bigsim \text{S25 Filing Fee}  \Bigsim \text{\$30 Filing Fee & Certificate of Status}  \$\Bigsim \text{CP2F655 (PUS)}\$	C0100 00PJ	ng Fec, ate of Status & d 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 appear State: Brightline Management LLC		
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	ability company is: M15000007692	
3. Jurisdiction of its organization: Delaware		, ,
4. Date authorized to do business in Florida:	N25/2015	
SECTION II (5-9 complete only the applicable	: changes)	
5. New name of the limited liability company: (m)	ist contain "Limited Liability Company, " "L.L.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.I.	ed for the purpose of transacting business in Florida and attachanaging members adopting the alternate name. The alternate rC." or "LLC.")	i a iame
6. If amending the registered agent and/or registered agent and/or the new togistered office	ered officer address on our records, enter the name of the new address here:	
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida Street Address	
	Musida	
	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.

3. If the am <b>e</b> ndi	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			
CFO, VP	Enderby, Heather	2855 LE Jeune Road, 4th Floor	\Add			
		Coral Gables, FL 33134	Remove			
CFO, VP Swiatek, Jeffrey C.	161 NW 6th Street, Suite 9	00 Add				
		Miami, FL 33136	Remove			
····			Add			
			Remove			
			Add Add			
		(T) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Remove			
			Add			
aforement	n under the law of which this entity is or	by the official naving custody of records in a	the Control			
	Signature	of the attitionized representative o, Vice President				

Filing Fee: \$25.00