da 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 : 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.

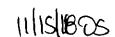
| Email | Address: | <u></u> |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DTS 2MC OFFICE LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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Help



COVER LETTER

| Division of Corporations | | | | |
|--|-----------------------|---------------------------------|---|---|
| SUBJECT: DTS 2MC Office LLC | | | | |
| Name of Foreign Li | mited Liabili | ty Compan | у | |
| Dear Sir or Madam: | | | | |
| The enclosed application, certificate and fee(s) are | submitted for | r filing. | | |
| Please return all correspondence concerning this m | atter to the fo | ollowing: | | |
| Jessica Perez | | | • | F. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |
| Name of Person | . 48-44-47 | | | 52 |
| | | | | Ξ |
| Firm/Company | | | | ان- د_ |
| 117 NE 1st Avenue, 11th Flo | or | | | ب. ح |
| Address | | | •• | |
| Miami, FL 33132 | | | | |
| City/State and Zip Code | | | | |
| kolleen.cobb@feci.com | | | | |
| E-mail address: (to be used for future annual re- | port notificati | ion) | | |
| For further information concerning this matter, ple | ease call: | | | |
| Jessica Perez | 305 | , 520-2 | 2366 | |
| 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 | | Registra Division P.O. Bo | NG ADDRESS: ation Section to of Corporations x 6327 ssee, Florida 32314 | |
| Enclosed is a check for the following amount: \$\Bigsim \text{\$25 Filing Fee} \text{\$30 Filing Fee & Certificate of Status} \$\$CR2E055 (9/15)\$ | S55 Filir Certific | | S60 Filing Fee, Certificate of Sta Certified Copy | atus & |

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)

| Name of limited liability Compa State: DTS 2MC Office | ny as it appears on the records of the Florid | la Department of |
|---|---|---------------------------------------|
| | if applicable: | |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> | | |
| Enter new mailing address, if appli (Mailing address MAY BE A POST OFFICE ROX) | | 271) NO |
| 2. The Florida document number of | f this limited liability company is: M160 | |
| 3. Jurisdiction of its organization: 4. Date authorized to do business SECTION II (5-9 complete only) | Delaware in Florida: 06/03/2016 | ب <u>ت</u> <u>ت</u> |
| | te name adopted for the purpose of transact managers or managing members adopting to ompany," "L.L.C." or "LLC.") | ting business in Florida and attach a |
| 6. If amending the registered agent registered agent and/or_the_new_re | t and/or registered officer address on our re gistered office address here: Kolleen O.P. Cobb | cords, enter the name of the new |
| New Registered Office Address: | TIT NE ISLAVenue, Tim Fi | |
| | | , Florida 33132 |
| | 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.

| | ment changes person, title or capacity in acco | | |
|-----------------|--|---|--------------------|
| Fitle/ Capacity | Name | Address | Type of Actio |
| VP_ | Snyder, Marshall Bruce | 117 NE 18 Ave 11 Place | — □Add |
| | | Hiam, PL 33132. | Remov |
| FO, UP | Suliatek, Jeffrey C. | 161 NW 6th street, STE | bbA∏ <u>∭</u> |
| | | Migmi, FL 33136 | |
| VP_ | Anderson, Mauxicio H. | 117 NE 151 AVERVE, 11th F | ე <u>ე</u> ∀qqq |
| | | Hiami, PL 3313.2 | Remo |
| | | | Add |
| | | | Reпю |
| | | | Add |
| | | | |
| aforementi | a certificate, if required: no more than 90 doned amendment(s), duly authenticated by the under the law of which this entity is organi | he official having custody of records in th | ne |