## M17000000THS

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | (dress)            |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | WAIT               | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    | :         |

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## COVER LETTER

| Division of Corporations                                                                                                                       |                  |                                 |                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------|----------------------------------------------------------------------------------|
| SUBJECT: JSF SR41 CMPI,                                                                                                                        | LLC              |                                 |                                                                                  |
| Name of Foreign                                                                                                                                | n Limited Liab   | ility Compa                     | any                                                                              |
| Dear Sir or Madam:                                                                                                                             |                  |                                 |                                                                                  |
| The enclosed application, certificate and fee(s) a                                                                                             | are submitted f  | or filing.                      |                                                                                  |
| Please return all correspondence concerning this                                                                                               | s matter to the  | following:                      |                                                                                  |
| Tina Reynolds                                                                                                                                  |                  |                                 |                                                                                  |
| Name of Person                                                                                                                                 |                  | _                               |                                                                                  |
| Johnson Smith Hibbard and Wildma                                                                                                               | an Law           |                                 |                                                                                  |
| Firm/Company                                                                                                                                   |                  | -                               |                                                                                  |
| 220 N Church St., Ste 4                                                                                                                        |                  |                                 |                                                                                  |
| Address                                                                                                                                        |                  | _                               |                                                                                  |
| Spartanburg, SC 29306                                                                                                                          |                  |                                 |                                                                                  |
| City/State and Zip Code                                                                                                                        |                  | -                               | •                                                                                |
| lsimmons@johnsondevelopment.ne                                                                                                                 | et               |                                 |                                                                                  |
| E-mail address: (to be used for future annual                                                                                                  | report notifical | tion)                           |                                                                                  |
| For further information concerning this matter, p                                                                                              | please call:     |                                 |                                                                                  |
| Tina Reynolds                                                                                                                                  | at (864          | ,582-                           | 8121  Telephone Number                                                           |
| 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<br>Divisior<br>P.O. Bo | NG ADDRESS:<br>ation Section<br>of Corporations<br>x 6327<br>ssee, Florida 32314 |
| Enclosed is a check for the following amount:  S25 Filing Fee S30 Filing Fee & Certificate of Status                                           | _                | ng Fee &<br>d Copy              | S60 Filing Fee, Certificate of Statu                                             |

## 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: JSF SR41 CMPI, 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: M1700000745                                                                                                                                                                        |                                                |
| 3. Jurisdiction of its organization: South Carolina                                                                                                                                                                                                     |                                                |
| 4. Date authorized to do business in Florida: 01-24-2017                                                                                                                                                                                                | <del></del>                                    |
| SECTION II (5-9 complete only the applicable changes)                                                                                                                                                                                                   |                                                |
| 5. New name of the limited liability company:(must contain "Limited Liability Company," "L                                                                                                                                                              |                                                |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in copy of the written consent of the managers or managing members adopting the alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.") | Florida and attach a<br>ne. The alternate name |
| 6. If amending the registered agent and/or registered officer address on our records, enter the registered agent and/or the new registered office address here:                                                                                         | name of the new                                |
| Name of New Registered Agent:                                                                                                                                                                                                                           |                                                |
| New Registered Office Address:                                                                                                                                                                                                                          |                                                |
| Enter Florida Street Add                                                                                                                                                                                                                                | fress                                          |
| —————————, Florid                                                                                                                                                                                                                                       | a<br>Zip Code                                  |
| New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent and agree to act in this capacity. I further                                                                                        | ·                                              |

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.

| Title/ Capacity | Name                                                   | Address                                         | Type of Actio |
|-----------------|--------------------------------------------------------|-------------------------------------------------|---------------|
| Manager         | JSF Management, LLC                                    | 100 Dunbar St., STE 400                         | Add           |
|                 |                                                        | Spartanburg, SC 29306                           | ■ Remov       |
| Мападег         | JSF Management of SC, LLC                              | 100 Dunbar St., STE 400                         | ■Add          |
|                 |                                                        | Spartanburg, SC 29306                           | Remov         |
| Member<br>—     | The Haven in Control Mount Phonesine Storage Fund, LLC | 100 Dunbar St., STE 400                         | Add           |
|                 |                                                        | Spartanburg, SC 29306                           | ■ Remove      |
|                 |                                                        | Add                                             |               |
|                 |                                                        | Remove                                          |               |
|                 |                                                        | Add                                             |               |
| aforemention    | nder the law of which this entity is orga              | y the official having custody of records in the | Remove        |

Filing Fee: \$25.00