

9/18/2019

Division of Corporations

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 : (614)280-3338
Fax Number : (954)208-0845

****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
ST. PETE SMI OPCO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

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: St. Pete SMI OpCo, LLC

Enter new principal office address, if applicable: 2 North Riverside Plaza

(Principal office address
MUST BE A STREET ADDRESS)

Suite 800

Chicago, Illinois 60606

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2 North Riverside Plaza

Suite 800

Chicago, Illinois 60606

2. The Florida document number of this limited liability company is: M17000002129

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 3/14/2017

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

5. New name of the limited liability company: MHC St. Pete OpCo, LLC
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(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," "LLC," or "L.L.C.")

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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

City

Florida

33324

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.

Stephanie Hencz

Stephanie Hencz, Assistant Secretary

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:

Removal/addition of persons with authority to manage.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	John D Powers, Jr.	17330 Preston Road, Suite 220A	☐ Add
		Dallas, TX 75252	☒ Remove
VPS	Bryan C Redmond	17330 Preston Road, Suite 220A	☐ Add
		Dallas, TX 75252	☒ Remove
Manager	Chris Petty	17330 Preston Road, Suite 220A	☐ Add
		Dallas, TX 75252	☒ Remove
Manager	David Filler	17330 Preston Road, Suite 220A	☐ Add
		Dallas, TX 75252	☒ Remove
SVP	Paul (PJ) Huff	2 North Riverside Plaza, Suite 800	☒ Add
		Chicago, IL 60606	☐ 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.

Sara Handibode
Signature of the authorized representative

Sara Handibode

Typed or printed name of signee

Filing Fee: \$25.00

No.	Title/Capacity	Name	Address	Type of Action
1.	EVP, General Counsel, and Secretary	David Eldersveld	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add
2.	VP	Walter Jaccard	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add
3.	EVP, CFO and Treasurer	Paul Seavey	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add
4.	CEO, President	Marguerite Nader	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add
5.	SVP	George Gudgeon	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add
6.	SVP	Brett Hattel	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add
7.	VP	Everett Butler	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add
8.	VP	Jeffrey Scott Maupin	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add
9.	VP	Stanley Martin	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add
10.	VP	Leslie Register	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add

Delaware

The First State

Page 1

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 "ST. PETE SMI OPCO, LLC", CHANGING ITS NAME FROM "ST. PETE SMI OPCO, LLC" TO "MHC ST. PETE OPCO, LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF SEPTEMBER, A.D. 2019, AT 8:31 O'CLOCK P.M.

FILED
19 SEP 18 PM 3:00
DELAWARE




Jeffrey W. Bullock, Secretary of State

6341496 8100
SR# 20196969159

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

Authentication: 203584882
Date: 09-12-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:31 PM 09/10/2019
FILED 08:31 PM 09/10/2019
SR 20190909159 File Number 6341496

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

ST. PETE SMI OP CO, LLC

It is hereby certified pursuant to Section 18-202 of the Delaware Limited Liability Company Act that:

FIRST

The name of the limited liability company is St. Pete, SMI OpCo, LLC (the "Company").

SECOND

Article First of the Certificate of Formation of the Company is hereby deleted in its entirety and amended to read in full as follows:

"1. **NAME**: The name of the limited liability company is MHC St. Pete OpCo, LLC"

THIRD

Article Second and Third of the Certificate of Formation of the Company are hereby deleted in their entirety and amended to read in full as follows:

"2. **REGISTERED OFFICE AND AGENT**: The address of the registered office of the Company in the State of Delaware is located at 1209 Orange Street, Wilmington, Delaware 19801 and the name of the registered agent for the Company at such address is The Corporation Trust Company."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment as of this 10th day of September, 2019.

/s/ Sara Handibode
Sara Handibode, an Authorized Person

FILED
19 SEP 18 PM 3:00
DELAWARE