

8/1/2018

Division of Corporations

M18000222923

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000222923 3)))



H18000222923ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FC4000000023
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: _____

RECEIVED

2018 AUG -1 PM 1:00

Division of Corporations
Tallahassee, Florida

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHIM NORTH PALM BEACH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 AUG -1 PM 11:59

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

SIMMONS
AUG 02 2018

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)

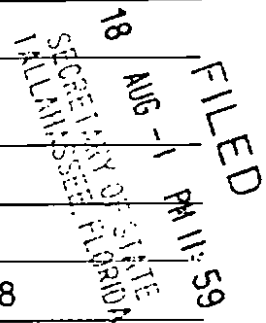
1. Name of limited liability Company as it appears on the records of the Florida Department of State: SHM North Palm Beach, LLC

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: M18000000848

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 01/24/2018

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

5. New name of the limited liability company: (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

City, Florida 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

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:

Addition of CFO Gavin McClintock as a signatory.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
-----------------------	-------------	----------------	-----------------------

CFO	Gavin McClintock	14785 Preston Rd., Ste 975 Dallas, TX 75254	<input checked="" type="checkbox"/> Add
-----	------------------	---	---

Remove

Add

Remove

Add

Remove

Add

Remove

Add

Remove

18 AUG - 11:11 AM
 FILED
 IN THE OFFICE OF THE CLERK
 OF THE SECRETARY OF STATE
 TEXAS

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.

John Ray
 Signature of the authorized representative

John Ray

 Typed or printed name of signee

Filing Fee: \$25.00