

MI 8000006467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

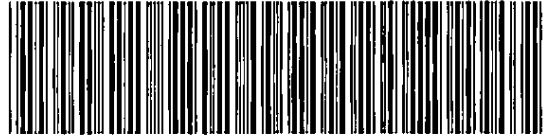
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100375397221

2021 OCT 22 AM 9:16
TALLAHASSEE, FLORIDA

2021 OCT 22 PM 3:31

RECEIVED

2021 OCT 22 AM 9:16
TALLAHASSEE, FL

2021 OCT 22 AM 9:16

FILED

Y SULKER
OCT 25 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 159553 7966620
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : October 22, 2021
ORDER TIME : 1:24 PM
ORDER NO. : 159553-010
CUSTOMER NO: 7966620

FOREIGN FILINGS

NAME: FYR SFR BORROWER, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FYR SFR BORROWER, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Legal Department

Name of Person

Progress Residential, LLC

Firm/Company

PO Box 4090

Address

Scottsdale, AZ 85261

City/State and Zip Code

legal@progressresidential.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Legal Department at (480) 588-6121

Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:
 \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**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: FYR SFR BORROWER, LLC

Enter new principal office address, if applicable: 7500 North Dobson Road, Suite 300

Scottsdale, AZ 85256
**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: PO Box 4090

Scottsdale, AZ 85261
**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M18000006467

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/13/2018

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: _____

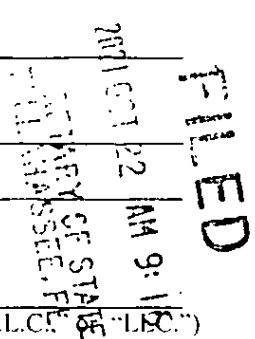
Enter Florida Street Address

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:

Removing old members and adding new authorized members, additional changes attached

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Lubin, Michael G.	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Gray, Stephen H.	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Lowe, Robin N.	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Mason, Randall K.	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Gurhan, Ercan	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> 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.

Signature of the authorized representative

Brian Buffington

Typed or printed name of signee

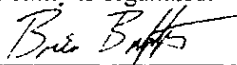
Filing Fee: \$25.00

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Member</u>	<u>Dittrich, Rene</u>	<u>3505 KOGER BLVD., STE 400</u>	<input type="checkbox"/> Add
		<u>DULUTH, GA 30096</u>	<input checked="" type="checkbox"/> Remove
<u>Member</u>	<u>Adams, Miles</u>	<u>3505 KOGER BLVD., STE 400</u>	<input type="checkbox"/> Add
		<u>DULUTH, GA 30096</u>	<input checked="" type="checkbox"/> Remove
<u>Member</u>	<u>Stallard, Jeff</u>	<u>3505 KOGER BLVD., STE 400</u>	<input type="checkbox"/> Add
		<u>DULUTH, GA 30096</u>	<input checked="" type="checkbox"/> Remove
<u>Authorize d Person</u>	<u>Brian Buffington</u>	<u>7500 N. Dobson Road, Ste 300</u>	<input checked="" type="checkbox"/> Add
		<u>Scottsdale, AZ 85256</u>	<input type="checkbox"/> Remove
<u>Authorize d Person</u>	<u>Travis Chester</u>	<u>7500 N. Dobson Road, Ste 300</u>	<input checked="" type="checkbox"/> Add
		<u>Scottsdale, AZ 85256</u>	<input type="checkbox"/> 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.



Signature of the authorized representative

Brian Buffington

Typed or printed name of signee

Filing Fee: \$25.00