

3/22/2021

Division of Corporations

## 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.

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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

## BRITTON (MELBOURNE) TRS LLC

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

MAR 23 2021

M. SOLOMON

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Corporate Filing Menu

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**• 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: Britton (Melbourne) TRS 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: M21000002971

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 15, 2021

**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*

\_\_\_\_\_, **Florida**

*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.*

If Changing Registered Agent, Signature of New Registered Agent

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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)(c), indicate that change:

The Member needs to be changed from Britton (Melbourne) REIT, Inc. to Britton (Melbourne) LLC.

| <u>Title/ Capacity</u> | <u>Name</u>                    | <u>Address</u>                     | <u>Type of Action</u>                      |
|------------------------|--------------------------------|------------------------------------|--|
| Member                 | Britton (Melbourne) REIT, Inc. | 2711 N. Haskell Avenue, Suite 1700 | <input type="checkbox"/> Add               |
|                        |                                | Dallas, TX 75204                   | <input checked="" type="checkbox"/> Remove |
| Member                 | Britton (Melbourne) LLC        | 2711 N. Haskell Avenue, Suite 1700 | <input checked="" type="checkbox"/> Add    |
|                        |                                | Dallas, TX 75204                   | <input type="checkbox"/> Remove            |
|                        |                                |                                    | <input type="checkbox"/> Add               |
|                        |                                |                                    | <input type="checkbox"/> Remove            |
|                        |                                |                                    | <input type="checkbox"/> Add               |
|                        |                                |                                    | <input type="checkbox"/> Remove            |
|                        |                                |                                    | <input type="checkbox"/> Add               |
|                        |                                |                                    | <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.

s/Gina Campos

Signature of the authorized representative

Gina Campos

Typed or printed name of signee

Filing Fee: \$25.00

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MAR 22 2021  
CLERK OF DISTRICT COURT  
JAMES TANKS III