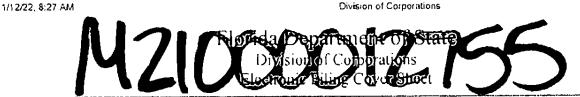
Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

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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	he completed)	SECAL ALLAH
1. Name of limited liability Comp	oany as it appears on the recor	ds of the Florida Department of	ASS ASS
State: AG-RC 2101 Jacksonville	o Owner, L.L.C		변성
Enter new principal office address			FLORI
(<u>Principal office address</u> <u>MUST BE A STREET ADDRES:</u>	<u> </u>		
Enter new mailing address, if appl (<u>Mailing address</u> <u>MAYBE A POST OFFICE BOX</u>			
2. The Florida document number of	of this limited liability compa	ny is: 121000012755	
3. Jurisdiction of its organization:	Delaware		
4. Date authorized to do business	in Florida: September 28, 201	<u></u>	
SECTION II (5-9 complete only	the applicable changes)		
5. New name of the limited liabili	ty company;(must contain "Lit	mited Liability Company, ""L.L	.C.," or "LLC.")
(If name unavailable, enter alterna copy of the written consent of the must contain "Limited Liability C	te name adopted for the purp managers or managing memb ompany," "L.L.C." or "LLC."	ose of transacting business in Flo pers adopting the alternate name. ")	rida and attach a The alternate name
6. If amending the registered agen registered agent and/or the new re	t and/or registered officer ado gistered office address here:	lress on our records, enter the nar	ne of the new
Name of New Registered Agent:	CT Corporation System		
New Registered Office Address:	1200 South Pine Island Road		
-		Enter Florida Street Addre	
	Plantation	, Florida	33324 Zip Code
		City	лір с пав

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

If Changing Registered Agent, Signature of New Registered Agent

From: Lexus Wingo

8. If the amendment	. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:				
Title/ Capacity	Name	Address	Type of Act		
			□Rea		
			□At		
			URe		
			□Ac		
			Ne		
			LIAC		
			DAG		
aforementioned a	ificate, if required; no more than 90 mendment(s), duly authenticated by the law of which this entity is orga	the official having custody of records in the	□Re		

Filing Fee: \$25.00

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AG-RC 2101 JACKSONVILLE OWNER, L.L.C., a Delaware limited liability company

By: AG-RC Palmetto Holdings, L.L.C., a Delaware limited liability company, its sole member

By: AG-RC Portfolio Parent I, L.L.C., a Delaware limited liability company, its sole member

By: AG Real Estate Manager, Inc., a Delaware corporation, its manager

By: Frank Virga
Name: Frank Virga
Title: Vice President

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