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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 641815 8375288 AUTHORIZATION COST LIMIT : C\$ ORDER DATE: April 27, 2022 ORDER TIME : 4:43 PM ORDER NO. : 641815-005 CUSTOMER NO: 8375288 FOREIGN FILINGS NAME: ATG TITLE OF CORAL GABLES, LLC CORPORATE ___ LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

EXAMINER: ____

CONTACT PERSON: On Hold -- See Rep -- EXT#

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

2022 JUL 13 AHTH: 51

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida Department of		
State: ATG TITLE OF CORAL GABLES, LL			
Enter new principal office address, if applicable:	550 Biltmore Way PH 2 A&B		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Coral Gabes, FL 33134		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11320 Random Hills Rd., SUITE 120		
<u></u>	Fairfax, VA 22030		
2. The Florida document number of this limited lia	ability company is: M22000006340		
3. Jurisdiction of its organization: Virginia			
4. Date authorized to do business in Florida: 04/2			
SECTION 11 (5-9 complete only the applicable			
5. New name of the limited liability company: (mus	t contain "Limited Liability Company, " "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or marmust contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")		
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new ddress here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street Address		
_	, Florida		
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited		

itle/ Capacity	<u>Name</u>	Address	Type of Action
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aforementioned am	he law of which this entity is organ	the official having custody of records	□Remo

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