

M05000006618

(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:

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Office Use Only



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19 OCT 15 11 21 04

2019 OCT 15 PM 12:40

OCT 17 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT

Please give original
submission date as file date.

October 16, 2019

CSC
KADESHA ROBERSON

SUBJECT: SPIRIT MASTER FUNDING II, LLC
Ref. Number: M05000006618

We have received your document for SPIRIT MASTER FUNDING II, LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.


If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 419A00021312

19 OCT 16 PM 3:42

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

ACCOUNT NO. : I20000000195
REFERENCE : 011339 4305026
AUTHORIZATION : 
COST LIMIT : \$ 55.00

ORDER DATE : October 15, 2019
ORDER TIME : 12:15 PM
ORDER NO. : 011339-010
CUSTOMER NO: 4305026

FOREIGN FILINGS

NAME: SPIRIT MASTER FUNDING II, 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: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPIRIT MASTER FUNDING II, 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:

Diane Giacomozzi

Name of Person

Sullivan & Worcester LLP

Firm/Company

One Post Office Square

Address

Boston, MA 02109

City/State and Zip Code

dgiacomozzi@sullivanlaw.com

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

For further information concerning this matter, please call:

Diane Giacomozzi

Name of Person

at (617) 338-2986

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Spirit Master Funding II, LLC

Enter new principal office address, if applicable: Two Newton Place
255 Washington Street, Suite 300
Newton, MA 02458
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: Two Newton Place
255 Washington Street, Suite 300
Newton, MA 02458
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M05000006618

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/01/2005

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

5. New name of the limited liability company: SVCN 2 LLC
(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: Corporation Service Company


New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee, Florida 32301
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.

 Lydia Cohen
Asst. Vice President
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:

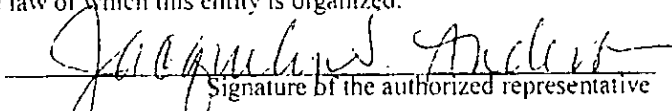
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Please see Exhibit A for all added authorized persons.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Spirit SPE Manager, LLC	2727 N Harwood St	<input type="checkbox"/> Add
		Dallas, TX 75201	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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

Jacquelyn S. Anderson, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00

SPIRIT MASTER FUNDING II, LLC

Florida Amendment to Certificate of Authority

Section 8 – If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

The following authorized persons are to be added:

Title	Name	Address
President, Chief Executive Officer and Director	John G. Murray	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458
Director	Adam D. Portnoy (Chair)	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458
Member	Banner NewCo LLC	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458
Chief Financial Officer and Treasurer	Brian E. Donley	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458
Senior Vice President	Ethan S. Bornstein	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458
Vice President	Todd W. Hargreaves	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458
Secretary	Jennifer B. Clark	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458
Assistant Secretary	Jacquelyn S. Anderson	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458

2019 OCT 15 PM 12:40

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SPIRIT MASTER FUNDING II, LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "SVCN 2 LLC" ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2019, AT 9:25 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

3977003 8320
SR# 20197547063

Authentication: 203793461
Date: 10-15-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

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Name of Person

Sullivan & Worcester LLP

Firm/Company

One Post Office Square

Address

Boston, MA 02109

City/State and Zip Code

dgiacomozzi@sullivanlaw.com

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

For further information concerning this matter, please call:

Diane Giacomozzi

Name of Person

at (**617**) **338-2986**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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