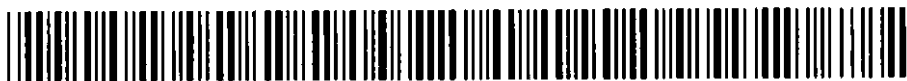


Division of Corporations

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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**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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  
PLD USLV PALM BEACH CC LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

RECEIVED

2021 JUL 16 PM 3:15

SECRETARY OF STATE  
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TALLAHASSEE, FLORIDA

2021 JUL 16 AM 8:43

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Electronic Filing Menu

Corporate Filing Menu

Help

# 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: PLD USLV Palm Beach CC LLC

Enter new principal office address, if applicable: 518 17th Street Suite 518

(Principal office address

MUST BE A STREET ADDRESS)

Denver CO 80202

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

518 17th Street Suite 518

Denver CO 80202

2. The Florida document number of this limited liability company is: M14000004182

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 6-13-2014

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

5. New name of the limited liability company: BCI IV Palm Beach CC 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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

Florida

33324

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*Thereby 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:

---

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Stefanie Sommers	518 17th Street Suite 1700 Denver CO 80202	<input checked="" type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
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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.

*Stefanie Sommers*

Signature of the authorized representative

Stefanie Sommers

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PLD USLV PALM BEACH CC LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BCI IV PALM BEACH CC LLC" ON THE FOURTEENTH DAY OF JULY, A.D. 2021, AT 7:56 O'CLOCK P.M.

FILED  
2021 JUL 16 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



5550245 8320  
SR# 20212725852

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203693676  
Date: 07-16-21