# P8010000811

(Req	uestor's Name)	
(Add	ress)	
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(City.	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	······

Office Use Only

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D CUSHING

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 785205 7490443
AUTHORIZATION: Lovelle man
COST LIMIT : \$(25.00
ORDER DATE : July 1, 2022
ORDER TIME : 8:23 AM
ORDER NO. : 785205-005
CUSTOMER NO: 7490443
FOREIGN FILINGS
NAME: DIGITAL COLONY GP, LLC
CORPORATE LIMITED PARTNERSHIP XX 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: Alexxis Weiland -- EXT#

### **COVER LETTER**

_	stration Section sion of Corporations					
SUBJECT:	Digital Colony GP, LLC					
	Name of Forei	gn Limited Liab	oility Con	npany	-	
Dear Sir or N	Madam:					
The enclosed	application, certificate and fee(s	) are submitted	for filing	•		
Please return	all correspondence concerning th	nis matter to the	followin	ıg:		
Director-Lega	al					
	Name of Person		_			
DigitalBridge	Group, Inc.				- ^ 1	<b>2</b> 02
	Firm/Company		_	:	.1	7 ][[
590 Madison	Avenue, 34th Floor					را
	Address		_		; ;	
New York, N	ew York 10022			,		4:41
	City/State and Zip Cod	le	_			
E-mail add	dress: (to be used for future annua	l report notifica	_ ition)			
For further in	nformation concerning this matter	, please call:				
Carol A. May	ers	212 at (	547-26	300		
	Name of Person	Area Code	& Dayti	ime Telephone Number	r	
Regi: Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Division The Cer 2415 N.	Idress: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite ssee, FL 32303	810	
Encle □\$25 Filing CR2E055 (9/15)	Certificate of Status	amount:   \$55 Filing  Certified C		☐ \$60 Filing Fee.  Certificate of Star  Certified Copy		



July 6, 2022

CORPORATION SERVICE COMPANY

SUBJECT: DIGITAL COLONY GP, LLC

Ref. Number: M18000001689

We have received your document for DIGITAL COLONY GP, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The signature is illegible.

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) 245-6050.

Letter Number: 522A00015088

Claretha Golden Regulatory Specialist II

www.sunbiz.org

## 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 appear	rs on the records of the Florida Department of				
State: Digital Colony GP, LLC		<del></del>			
Enter new principal office address, if applicable:	750 Park of Commerce Drive, Suite 210				
(Principal office address	Boca Raton, Florida 33487	. 28			
MUST BE A STREET ADDRESS)		2022 JUL -			
		- 1			
Enter new mailing address, if applicable:	750 Park of Commerce Drive, Suite 210	- P.			
( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	Boca Raton, Florida 33487				
2. The Florida document number of this limited lia	ability company is: M18000001689				
3. Jurisdiction of its organization: Delaware	2018				
4. Date authorized to do business in Florida: Feb	orually 16, 2016				
SECTION II (5-9 complete only the applicable					
5. New name of the limited liability company: (mus	st 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 mamust contain "Limited Liability Company." "L.L.	inaging members adopting the alternate name. '	rida and attach a The alternate name			
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records. <u>enter the nan</u> address here:	ne of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida Street Addres	<u></u>			
<del></del>	City	Zip Code			
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of the	ent and agree to act in this capacity. I further a r and complete performance of my duties, and l etered agent as provided for in Chapter 605, F.? e in the registered office address, I hereby confi his change.	am jamular with S. Or, if this irm that the limited			
If C	Changing Registered Agent. Signature of New	Registered Agent			

		n accordance with 605.0902 (1)(e), indicate the	at change:
Title/ Capacity	<u>Name</u>	Address	Type of Actio
			□Add
			□Remo
			DAdd
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			□Add
	ertificate, if required: no more than 90 amendment(s), duly authenticated by ler the law of spinion; this entity is organ	AL AC - * 11 1	_ □Remov

Filing Fee: \$25.00

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "DIGITAL COLONY GP, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "DIGITALBRIDGE GP, LLC" ON THE SECOND DAY OF FEBRUARY, A.D. 2022, AT 6:14 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.



Authentication: 203824682

Date: 07-01-22

6512340 8320 SR# 20222893433