# Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: PHF OCEANFRONT GP LLC **Current Principal Place of Business:** 

FOUR EMBARCADERO CENTER, SUITE 710 SAN FRANCISCO, CA 94111

# **Current Mailing Address:**

DOCUMENT# M14000004691

4145 POWELL ROAD SUITE H POWELL, OH 43065 US

# FEI Number: 30-0833793

#### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE:

Electronic Signature of Registered Agent

## Authorized Person(s) Detail .

| Authorized Person(s) Detail : |                                       |                 |                                       |
|-------------------------------|---------------------------------------|-----------------|---------------------------------------|
| Title                         | Ρ                                     | Title           | EVP                                   |
| Name                          | SILVA, RONALD E                       | Name            | GETZ, TIMOTHY C                       |
| Address                       | FOUR EMBARCADERO CENTER,<br>SUITE 710 | Address         | FOUR EMBARCADERO CENTER,<br>SUITE 710 |
| City-State-Zip:               | SAN FRANCISCO CA 94111                | City-State-Zip: | SAN FRANCISCO CA 94111                |
| Title                         | SVP                                   | Title           | S                                     |
| Name                          | REINARDY, MICHAEL O                   | Name            | PATIPA, MILTON B                      |
| Address                       | FOUR EMBARCADERO CENTER,<br>SUITE 710 | Address         | FOUR EMBARCADERO CENTER,<br>SUITE 710 |
| City-State-Zip:               | SAN FRANCISCO CA 94111                | City-State-Zip: | SAN FRANCISCO CA 94111                |
| Title                         | SVP                                   |                 |                                       |
| Name                          | PATIPA, MILTON B                      |                 |                                       |
| Address                       | FOUR EMBARCADERO CENTER,<br>SUITE 710 |                 |                                       |

City-State-Zip: SAN FRANCISCO CA 94111

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MILTON B. PATIPA

DIRECTOR OF ACCOUNTING **OPERATIONS** 

Date

FILED Mar 01, 2017 Secretary of State CC1199194819

Certificate of Status Desired: No

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

# 03/01/2017

Date