2016 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M15000010105

Entity Name: SFLC BUILDING 6 LLC

Current Principal Place of Business:

2855 LE JEUNE RD., 4TH FLOOR CORAL GABLES. FL 33134

Current Mailing Address:

2855 LE JEUNE RD., 4TH FLOOR CORAL GABLES. FL 33134

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COBB, KOLLEEN O.P. 2855 LE JEUNE RD., 4TH FLOOR CORAL GABLES, FL 33134 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: KOLLEEN O.P. COBB 10/13/2016

Electronic Signature of Registered Agent

Date

FILED Oct 13, 2016

Secretary of State

CR9173229063

Authorized Person(s) Detail:

Title Title VΡ

SIGNORELLO, VINCENT Name MARCUS, DANIEL Name

2855 LE JEUNE RD., 4TH FLOOR 2855 LE JEUNE RD., 4TH FLOOR Address Address

City-State-Zip: CORAL GABLES FL 33134 CORAL GABLES FL 33134 City-State-Zip:

Title **VTAS** Title **VPS**

Name GODOY, JUAN (RUSTY) COBB, KOLLEEN Name

Address 2855 LE JEUNE RD., 4TH FLOOR Address 2855 LE JEUNE RD., 4TH FLOOR CORAL GABLES FL 33134

City-State-Zip: City-State-Zip: CORAL GABLES FL 33134

Title VΡ Title

Name SYNDER, MARSHALL BRUCE Name MARTINEZ. MARGARITA M Address 2855 LE JEUNE RD., 4TH FLOOR Address 2855 LE JEUNE RD., 4TH FLOOR City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

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.

VP

SIGNATURE: KOLLEEN O.P. COBB

Electronic Signature of Signing Authorized Person(s) Detail

10/13/2016

Date