

2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M21000014226

Entity Name: MIAMI DOUGLAS THREE OWNER LLC

Current Principal Place of Business:

C/O BARINGS LLC, 300 SOUTH TRYON STREET
SUITE 2500
CHARLOTTE, NC 28202

Current Mailing Address:

C/O BARINGS LLC, 300 SOUTH TRYON STREET
SUITE 2500
CHARLOTTE, NC 28202 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

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

Date

Authorized Person(s) Detail :

Title AUTHORIZED PERSON
Name KENNEDY , JOHN
Address C/O BARINGS LLC
ONE FINANCIAL PLAZA,
City-State-Zip: HARTFORD CT 06103

Title MANAGING DIRECTOR
Name MCCRAIN, CASSIE
Address C/O BARINGS LLC, 300 SOUTH
TRYON STREET
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR
Name HORAN, CHELSEY
Address C/O BARINGS LLC, 300 SOUTH
TRYON STREET
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title MANAGING DIRECTOR
Name JOYCE, MAUREEN
Address C/O BARINGS LLC, 300 SOUTH
TRYON STREET
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title MANAGING DIRECTOR
Name SCHWARTZ, DEBORAH
Address C/O BARINGS LLC, 300 SOUTH
TRYON STREET
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title MANAGING DIRECTOR
Name TILLEY, HAYDEN
Address C/O BARINGS LLC, 300 SOUTH
TRYON STREET
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title MANAGING DIRECTOR
Name BERRY, CHRISTOPHER
Address C/O BARINGS LLC, 300 SOUTH
TRYON STREET
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title MANAGING DIRECTOR
Name MILLER, KEVIN
Address C/O BARINGS LLC, 300 SOUTH
TRYON STREET
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Continues on page 2

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.

FILED
Oct 20, 2023
Secretary of State
2534920410CC

Authorized Person(s) Detail Continued :

Title MANAGING DIRECTOR
Name KIMBLE, SHAWN
Address C/O BARINGS LLC, 300 SOUTH TRYON STREET
 SUITE 2500
City-State-Zip: CHARLOTTE NC 28202