

5/26/2021

Division of Corporations

B2100000214

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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)288-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
SOF-XII NON-U.S. NON-REIT FEEDER AIV, L.P.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$105.00

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Electronic Filing Menu

Corporate Filing Menu

Help

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

SOF-XII Non-U.S. Non-REIT Feeder AIV, L.P.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: _____

B21000000214

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 05/18/2021

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, the new name:

SOF-XII Non-REIT Feeder AIV, L.P.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.P.

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

☐ Add
☐ Remove
☐ Change

☐ Add
☐ Remove
☐ Change

☐ Add
☐ Remove
☐ Change

_____ ☐ Add
 _____ ☐ Remove
 _____ ☐ Change

_____ ☐ Add
 _____ ☐ Remove
 _____ ☐ Change

☐ Add
☐ Remove
☐ Change

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 26 AM 7:01

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

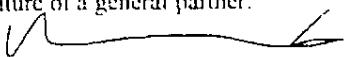
☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

Nick Antonopoulos

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

CLERK OF STATE
TALLAHASSEE, FLORIDA

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SOF-XII NON-U.S. NON-
REIT FEEDER AIV, L.P.", FILED A CERTIFICATE OF AMENDMENT,
CHANGING ITS NAME TO "SOF-XII NON-REIT FEEDER AIV, L.P." ON THE
TWENTIETH DAY OF MAY, A.D. 2021, AT 4:34 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

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SR# 20212093452

Authentication: 203292988
Date: 05-25-21

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