

F150000001356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

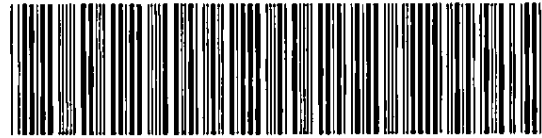
(Business Entity Name)

(Document Number)

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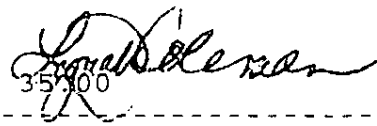
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 681664 8299567

AUTHORIZATION :

COST LIMIT : \$ 35,000



ORDER DATE : February 25, 2021

ORDER TIME : 12:26 PM

ORDER NO. : 681664-005

CUSTOMER NO: 8299567

FOREIGN FILINGS

NAME: JERNIGAN CAPITAL, INC.

XXX\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
\_\_\_\_ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Jernigan Capital, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F15000001356

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Agnes Webb

Name of Contact Person

NexPoint Storage Partners

Firm/Company

6410 Poplar Ave, Suite 650

Address

Memphis, TN 38819

City/State and Zip Code

agnes@nexpointstorage.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Agnes Webb

Name of Contact Person

at ( 901 ) 567-9493

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

\_\_\_\_\_  
(Document number of corporation (if known))

1. Jernigan Capital, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Maryland 3. 10/07/2016  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? November 23, 2020
5. Nexpoint Storage Partners, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

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

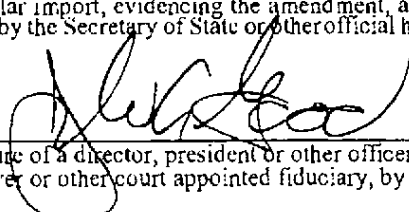
9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

\_\_\_\_\_

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Director</u>	<u>Mark Decker</u>	<u>6410 Poplar Ave, Suite 650</u>	<input type="checkbox"/> Add
		<u>Memphis, TN 38119</u>	<input checked="" type="checkbox"/> Remove
<u>Director</u>	<u>Rebecca Owen</u>	<u>6410 Poplar Ave, Suite 650</u>	<input type="checkbox"/> Add
		<u>Memphis, TN 38119</u>	<input checked="" type="checkbox"/> Remove
<u>President &amp; Director</u>	<u>Matt McGraner</u>	<u>6410 Poplar Ave, Suite 650</u>	<input checked="" type="checkbox"/> Add
		<u>Memphis, TN 38119</u>	<input type="checkbox"/> Remove
<u>Secretary &amp; Treas</u>	<u>Brian Mitts</u>	<u>6410 Poplar Ave, Suite 650</u>	<input checked="" type="checkbox"/> Add
		<u>Memphis, TN 38119</u>	<input type="checkbox"/> Remove
<u>Director</u>	<u>Noah Springer</u>	<u>6410 Poplar Ave, Suite 650</u>	<input checked="" type="checkbox"/> Add
		<u>Memphis, TN 38119</u>	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
 \_\_\_\_\_  
 (Signature of a director, president or other officer - if in the hands of  
 a receiver or other court appointed fiduciary, by that fiduciary)

John Good  
 \_\_\_\_\_  
 (Typed or printed name of person signing)

Director & CEO  
 \_\_\_\_\_  
 (Title of person signing)

**FILING FEE \$35.00**

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Secretar	Kelly Luttrell	6410 Poplar Ave, Suite 650	<input type="checkbox"/> Add
		Memphis, TN 38119	<input checked="" type="checkbox"/> Remove
Presider	Jonathan Perry	6410 Poplar Ave, Suite 650	<input type="checkbox"/> Add
		Memphis, TN 38119	<input checked="" type="checkbox"/> Remove
Director	Harry Thie	6410 Poplar Ave, Suite 650	<input type="checkbox"/> Add
		Memphis, TN 38119	<input checked="" type="checkbox"/> Remove
Director	Howard Silver	6410 Poplar Ave, Suite 650	<input type="checkbox"/> Add
		Memphis, TN 38119	<input checked="" type="checkbox"/> Remove
Director	James Dondero	6410 Poplar Ave, Suite 650	<input type="checkbox"/> Add
		Memphis, TN 38119	<input checked="" type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

\_\_\_\_\_  
 (Signature of a director, president or other officer - if in the hands of  
 a receiver or other court appointed fiduciary, by that fiduciary)

\_\_\_\_\_  
 (Typed or printed name of person signing)

\_\_\_\_\_  
 (Title of person signing)

**FILING FEE \$35.00**

**STATE OF MARYLAND**  
***Department of Assessments and Taxation***

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT NEXPOINT STORAGE PARTNERS, INC. (D16109308), INCORPORATED SEPTEMBER 30, 2014, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 04, 2021.



Michael L. Higgs  
Director



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 0012376642  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

CRTGST