## F23000000621

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
|   |
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|   |





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2022 / / / / !!! !! !! ! ! !

5 23 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195   |  |  |  |  |
|---|--|--|--|--|
| REFERENCE : 949750 7232314  |  |  |  |  |
| AUTHORIZATION: Superior to the same                                 |  |  |  |  |
| COST LIMIT : \$ 35.00   |  |  |  |  |
| ORDER DATE : August 22, 2023  |  |  |  |  |
| ORDER TIME : 3:0 PM   |  |  |  |  |
| ORDER NO. : 949750-005  |  |  |  |  |
| CUSTOMER NO: 7232314  |  |  |  |  |
|   |  |  |  |  |
| FOREIGN FILINGS   |  |  |  |  |
| NAME: SNURPI REIT II, INC.  |  |  |  |  |
| XX 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: Eyliena Baker EXT#                                  |  |  |  |  |

EXAMINER:

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                      |   |
|---|---|
| SUBJECT:SNURPI REIT II, INC   |   |
| SUBJECT:  | ame of Corporation  |
| DOCUMENT NUMBER: F23000000621                                       |   |
| The enclosed Affidavit by Foreign Corporation submitted for filing. | n to Change/Add Officer(s) and/or Director(s) and fee are   |
| Please return all correspondence concerning thi                     | is matter to the following:   |
| Name of Contact Person  |   |
| Firm/Company  |   |
| Address   |   |
| City/State and Zip Code   | <del> </del>  |
| E-mail address: (to be used for future annual re                    | eport notification)   |
| For further information concerning this matter,                     | please call:  |
| Name of Contact Person at   | Area Code & Daytime Telephone Number  |
| Enclosed is a check made payable to the Florida                     | a Department of State for the following amount:   |
| □\$35.00 Filing Fee   ■ \$43.75 Filing Fee & Certificate of Status  | ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| Mailing Address: Amendment Section Division of Corporations         | Street Address: Amendment Section Division of Corporations  |
| P.O. Box 6327<br>Tallahassee, FL 32314                              | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810  |

Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

| 1.       | The name of the foreign corporation as it appears on SNURPI REIT II, INC.        | the records of the Florida Departmen | t of State is: |  |  |  |
|----------|--|--------------------------------------|----------------|--|--|--|
| 2.       | This entity was authorized to transact business in Flo<br>number is F23000000621 | orida on 02/01/2023 and its Flo      | orida document |  |  |  |
| 3.       | This corporation was formed under the laws of Maryl                              | and                                  |                |  |  |  |
| 4.       |  |                                      |                |  |  |  |
|          | t <u>le:</u><br>esident  | Name and Address<br>Brian Ritter     |                |  |  |  |
|          |  | 1251 Avenue of the Americas, 35th fl | 269            |  |  |  |
|          |  | New York, NY 10020                   |                |  |  |  |
| Director |  | Brian Ritter                         |                |  |  |  |
|          |  | 1251 Avenue of the Americas, 35th fl | •              |  |  |  |
|          |  | New York, NY 10020                   | <u>.</u>       |  |  |  |
| D        | rector   | Leland Roth                          |                |  |  |  |
|          |  | 1251 Avenue of the Americas, 35th fl |                |  |  |  |
|          |  | New York, NY 10020                   | <u>.</u>       |  |  |  |
| Sec      | cretary  | Connell J. Watters                   |                |  |  |  |
|          |  | 1251 Avenue of the Americas, 35th fl |                |  |  |  |
|          |  | New York, NY 10020                   |                |  |  |  |
| h        | (Attach additional pages   | if necessary)                        |                |  |  |  |
| , 1      | $\bigvee$  | Director/President                   |                |  |  |  |
|          | e of an officer or director  | Title of person signing              |                |  |  |  |
| tter     |  | FILING FEE \$35                      |                |  |  |  |

Make checks payable to Florida Department of State and Mail to: Division of Corporations\*PO Box 6327\*Tallahassee, FL 32314

CR2E127 (8/08)

Typed or printed name of person signing