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Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations		
elib II	BLR-561, LLC		
SUBJI	ECT: Name of I	limited Liability Com	pany
Dear S	ir or Madam:		
The en	closed Statement of Authority and fee(s) ar	e submitted for filing.	
Please	return all correspondence concerning this n	natter to the following	:
Holly	L. Collins		
	Name of Person		
Nels	on Mullins Broad and Cassel		
	Firm/Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
390	N. Orange Avenue, Suite 1400		
	Address	<u> </u>	
Orlar	ndo, Florida 32801		
	City/State and Zip Code		
holly	.collins@nelsonmullins.com		
	E-mail address: (to be used for future ann	nual report notification	1)
For fur	ther information concerning this matter, ple	ease call:	
Holly	L. Collins	407	839-4200
	Name of Person	Area Code) Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations	Registrat	G ADDRESS: ion Section of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to se authority:	ection 605.0302(1), Florida Statutes, this limited liability company submits the following	ig stater	nent of	
FIRST: The	name of the limited liability company is: BLR-561, LLC			_
SECOND: T	The Florida Document Number of the limited liability company is: L02000001525			_
	street address of the limited liability company's principal office is: ON. Orange Avenue, Suite 1400			
Orla	ando, Florida 32801			
	e mailing address of the limited liability company's principal office is: N. Orange Avenue, Suite 1400			
Orla	ando, Florida 32801			
person on the	This statement of authority grants or sets limitations of authority on all persons having to berson in a company, whether as a member, transferee, manager, officer or otherwise of following: May execute an instrument transferring real property held in the name of the company. a. Granted to: C. David Brown, II	r,⊤to₊a sp 	2019 SEP 10 AN 8:57	
	b. No authority granted to:	•		
2.	May enter into other transactions on behalf of, or otherwise act for or bind, the compara. Granted to: C. David Brown, II	ny.		
	b. No authority granted to:			
<u> </u>	C. David Brown, II			
Signature of a	uthorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signatur	e	