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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

Phone

: (407)841-1200

Fax Number

: (407)423-1831

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BBL AT TRADITION, LLC

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STATEMENT OF AUTHORITY OF BBL AT TRADITION, LLC



Pursuant to Section 605.0302(1), Florida Statutes, this limited liability company (the "Company") submits the following statement of authority:

FIRST:

The name of the Company is BBL AT TRADITION, LLC.

SECOND:

The Florida document Number of the limited liability company is

L06000038039.

THIRD:

The street address of the Company's principal office is:

302 Washington Ave. Ext

Albany, NY 12203

FOURTH:

The mailing address of the Company's principal office is:

302 Washington Ave. Ext

Albany, NY 12203

FIFTH: This statement of authority grants Stephen J. Obermayer, Authorized Signatory, acting alone, the authority to execute, acknowledge and deliver on behalf of the Company any instrument transferring, encumbering or otherwise affecting any real property and/or personal property held in the name of the Company.

SIXTH: This statement of authority grants Stephen J. Obermayer, Authorized Signatory, acting alone, the authority to enter into other transactions on behalf of, or otherwise act for or bind, the Company, and, in connection therewith, to execute, acknowledge and deliver on behalf of the Company any and all documents and instruments deemed by him to be necessary or desirable.

Signed this 13 day of November, 2015.

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BBL AT TRADITION, LLC, a Florida limited liability company

By: SWF, L.P., Member

By: DRL LLC, General Partner

By: DRL Irrevocable Trust, Member

Stephen J. Obermayer, Trustee

STATE OF New York

The foregoing instrument was acknowledged before me this <u>13</u> day of November, 2015, by Stephen J. Obermayer, as Trustee of DRL Irrevocable Trust. Said person (check one) is personally known to me, produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or produced other identification, to wit:

Print Name: Kothicen Tevsigni
Notary Public, State of Aku Yunk
Commission No.: OTE 625 3007
My Commission Expires: Dec 18, 2015

KATHLEEN TERSIGNI NOTARY PUBLIC-STATE OF NEW YORK No. 011E6253007 Qualified in Saraloga County My Commission Expires December 19, 2015

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