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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
CHR II	Dewey Robbins Road II, LLC	,	
SUDJ		nited Liability Cor	mpany
Dear S	iir or Madam:		
The en	iclosed Statement of Authority and fee(s) are s	submitted for filing	<u>5</u> .
Please	return all correspondence concerning this ma	tter to the followin	g;
Holly	L. Collins		
	Name of Person		-
Nels	on Mullins Broad and Cassel		
	Firm/Company		_
390	N. Orange Avenue, Suite 1400		
	Address		_
Orla	ndo, Florida 32801		
	City/State and Zip Code		
holly	.collins@nelsonmullins.com		
	E-mail address: (to be used for future annu-	al report notification	on)
For fur	ther information concerning this matter, pleas	se call:	
Holly	L. Collins	407 at (839-4200
	Name of Person	Area Code	839-4200 _) Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ix 6327 ssee, Florida 32314

Tallahassee, Florida 32301

TO:

STATEMENT OF AUTHORITY

Pursuant authority	t to section 605.0302(1), Florida Statutes, this limited liability company submits the follows:	ing stat	ement o	of
FIRST:	The name of the limited liability company is: Dewey Robbins Road II, LLC			
SECON	D: The Florida Document Number of the limited liability company is:L0600010946	 39		
	: The street address of the limited liability company's principal office is: 390 N. Orange Avenue, Suite 1400	_		
	Orlando, Florida 32801	-		
	The mailing address of the limited liability company's principal office is: 390 N. Orange Avenue, Suite 1400	-		
	Orlando, Florida 32801	*		
position	 This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following: May execute an instrument transferring real property held in the name of the compana. Granted to: C. David Brown, II 	or to a	specific	
	b. No authority granted to:	TALLAHÀSÈ	2019 SEP 10 AM	**************************************
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa. a. Granted to: C. David Brown, II	iany:	8: 20	ties
	b. No authority granted to:	-		
	C. David Brown, II			
Signature	e of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	fsignat	иге	