

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Account Number : 076077001702
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INNOVATION SQUARE, LLC

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| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

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**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

Innovation Square, LLC

(Name of the Limited Liability Company as it now appears on our records.)
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 13, 2012 and assigned
 Florida document number L12000104008.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

720 S.W. 2nd Avenue, Suite 108

Gainesville, FL 32601

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

720 S.W. 2nd Avenue, Suite 108

Gainesville, FL 32601

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lee Nelson

New Registered Office Address:

720 S.W. 2nd Avenue, Suite 108

Enter Florida street address

Gainesville

Florida 32601

City

Zip Code

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


 If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-----------------------|--|---|---|
| AMBR (sole Member) | University of Florida Development Corporation | 720 S.W. 2nd Avenue, Suite 108 Gainesville, FL 32601 | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change |
| MBR | Shands Teaching Hospital and Clinics, Inc. | P.O. Box 100303 Gainesville, FL 32610-0303 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |

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FLORIDA
SECRETARY OF
STATE

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

18 DEC 1964
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