3/16/2020

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TIO MILESTONE BOND GP LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Depart	ment of
State: TIO Milestone Bond GP LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST RE A STREET ADDRESS</u>)		
		2
Enter new mailing address, if applicable:		20 MAR 117
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)		
2. The Florida document number of this limited lia	bility company is: M00000000417	9
		<u> </u>
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 03/0.		_
SECTION II (5-9 complete only the applicable		
5. New name of the limited liability company: The (must)	t contain "Limited Liability Company	y, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	naging members adopting the alterna	ss in Florida and attach a te name. The alternate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records, <u>ent</u> ddress here:	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida Stre	ret Address
		Florida
_	City	Florida Zip Code
New Registered Agent's Signature, if changing R. I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of the	ont and agree to act in this capacity. I r and complete performance of my div tered agent as provided for in Chapte om the registered office address. I he	ties, and Fam familiar with – er 605, F.S. Or, if this
— Ir C	Changing Registered Agent, Signature	of New Registered Agent

7. If the amendment c	manges the jurismenton or	organization, indicate new jurisdiction:	
3. If the amendment cl	nanges person, title or capa	neity in accordance with 605,0902 (1)(e),	indicate that change:
Title/ Capacity	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			Nœmove ⊃
			Add
			Remove
			🖸 Add
			□Remove
			□Add
		e than 90 days old, evidencing the	□Remove

Signature of the authorized representative

Nick Antonopoulos, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'TIO MILESTONE BOND GP

LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

'TIO HIGHMARK BOND GP, L.L.C.' ON THE THIRD DAY OF MARCH, A.D.

2020, AT 11:11 O'CLOCK A.M.



Authentication: 202596527

Date: 03-16-20