# M00000001913

(Requestor's Name)
(Address)
(Address)
(City/State/Ziɔ/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
I
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
1 1
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Office Use Only



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2021 AUG -4 AH 8: 30
SECRETARY OF STATE

2021 AUG -4 PH 12:

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ì

ACCOUNT NO. : I20000000195

REFERENCE : 940375 7490443

AUTHORIZATION : FOREIGN FILINGS

AUTHORIZATION : 940375 - 015

CUSTOMER NO: 7490443

NAME: COLONY CAPITAL ADVISORS, LLC

CORPORATE	
LIMITED PARTNERSHIP	
XXLIMITED LIABILITY COMPANY	
XXXX AMENDMEŅT	
PLEASE RETURN THE FOLLOWING AS PROOF OF	FILING:
CERTIFIED COPY	
XX PLAIN STAMPED COPY	
CERTIFICATE OF GOOD STANDING	
;	
CONTACT PERSON: Eyliena Baker EXT#	
EXAMINER:	

### **COVER LETTER**

Division of	Corporations		
SUBJECT: Colony	r Capital Advisors, LLC		
	Name of Foreig	n Limited Liability Co	ompany
Dear Sir or Madam:	i		
The enclosed applic	ation, certificate and fee(s)	are submitted for filir	1g.
Please return all cor	respondence concerning thi	is matter to the follow	ing:
Director-Legal			
	Name of Person		
DigitalBridge Group,	Inc¦		
	Firm/Company	<del></del>	
590 Madison Avenue	e, 3 th Floor		
	Address		
New York, New York	10022		
	City/State and Zip Code	2	
	j		
E-mail address: (t	o be used for future annual	report notification)	
For further informati	ion concerning this matter,	please call:	
Carol A. Mayers		at (212) 547-:	2600
Nam	e or Person	Area Code & Day	time Telephone Number
Mailing Addre		Street /	Address:
Registration	I I	Regist	ration Section
	Corporations	Divisi	on of Corporations
P.O. Box 63	i	The Co	entre of Tallahassee
Tallahassee,	FLI 32314		N. Monroe Street, Suite 810 assee, FL 32303
Enclosed is a	a check for the following :	amount:	
□\$25 Filing Fee		☐ \$55 Filing Fee &	☐ \$60 Filing Fee.
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
CR2E055 (9/15)	•		

## 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 liabil	ty Company as it appears on the records of the Florida Department of			
State: Colony Capital	Advisors, LLC			
Enter new principal offic	address, if applicable:			
(Principal office address MUST BE A STREET A	DDRESS)	<del></del>	<del>_</del>	
Enter new mailing address (Mailing address MAY BE A POST OFFI		SECRETA	1- 4ny 1602	
2. The Florida document	number of this limited liability company is: M00000001913	25 SE S	-t <sub>1</sub> AH 8: 30	
3. Jurisdiction of its orga	nization: Delaware		: ပ	
4. Date authorized to do	business in Florida: 09/18/2000			
	te only the applicable changes)			
5. New name of the limit	ed liability company: DigitalBridge Group Advisors, LLC (must contain "Limited Liability Company," "L.L.C	2" or "L	<u>.T.C.</u> ``)	
copy of the written consei	r alternate name adopted for the purpose of transacting business in Flor to of the managers or managing members adopting the alternate name. I bility Company," "L.L.C." or "LLC.")	ida and at the alterna	tach a ate name	
6. If amending the registe registered agent and/or the	led agent and/or registered officer address on our records, enter the name new registered office address here:	ie of the n	<u>ew</u>	
Name of New Registered	Agent:			
New Registered Office Ad			<del>-</del>	
	Enter Florida Street Address			
	, Florida	Zip Code		
I hereby accept the appoing the provisions of all statute and accept the obligations document is being filed to	ignature, if changing Registered Agent: iment as registered agent and agree to act in this capacity. I further age is relative to the proper and complete performance of my duties, and I is of my position as registered agent as provided for in Chapter 605, F.S. merely reflect a change in the registered office address. I hereby confir- notified in writing of this change.	ree to con am familia . Or. if thi	nply with ar with	

a. If the amendment of	8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:				
Title/ Capacity	<u>Name</u>	Address	Type of		
			□		
	·				
			<u> </u>		
	<u> </u>		II AUG =\		
			AM 853		
<del></del>	<del>.</del>				
aforementioned am	icate, if required: no more than 90 endment(s), duly authenticated by the temportarion this entity is organically and the second	v the official having custody of re	<del></del>		

Filing Fee: \$25.00

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "COLONY CAPITAL

ADVISORS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "DIGITALBRIDGE GROUP ADVISORS, LLC" ON THE EIGHTH DAY OF

JULY, A.D. 2021, AT 1:35 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID

"DIGITALBRIDGE GROUP ADVISORS, LLC" WAS FORMED ON THE ELEVENTH

DAY OF SEPTEMBER, A.D. 1991.

Authentication: 203832855

Date: 08-03-21

2273267 8320 SR# 20212879543