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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	7/3/2018	Account#. 12000000008
Name:	Chris Vick	
Reference #:_	A448273	
Entity Name:	CRESCENT CO	DMMUNITIES, LLC
Articles of	Incorporation/Authoriz	ation to Transact Business
✓ Amendme	nt	
Change of	Agent	
Reinstater	ment	
☐ Conversio	ก	
Merger		
Dissolution	n/Withdrawal	
Fixtitous N	lame Certified	copy upon tiling
Authorized An	nount:	\$55

- CORPORATE HQ

COGENCY GLOBALING. 10 E 40 151, 10 17 L NY, NY 10016 800,221,0102 +1.212.947.7200

DEUROPEAN HQ

COGENCY GLOBAL (UK) LIMITED REGISTERED TENGLAND SIVALES REGISTER (RISIDA) 6 BEVIS MARKS, 14 EL ABV YEAR WORKEN +44 (0)20.3786.1090

ASIA PACIFIC HQ

COGENCY GLOBAL (HK) LIMITED A HONG FONG LIMITED COMPANY INFINITUS PLAZA, 121° EL 199 DES VOEUX RD CENTRAL HONG KONG +852.3975.1803



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

COVER LETTER

TO:

CR2E055 (9/15)

TO: Registration Section Division of Corporations	
SUBJECT: Crescent Commu	nities, LLC
Name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Cynthia J. McDaniel	
Name of Person	
Moore & Van Allen PLLC	
Firm/Company	
100 North Tryon Street, Suite 4700	
Address	
Charlotte, NC 28202	
City/State and Zip Code	
KArnette@crescentcommunities.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter,	please call:
C. McDaniel	704 331-1000
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount \$25 Filing Fee \$30 Filing Fee & Certificate of Status	: \$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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 on the records of the Florida Department of				
State: Crescent Communities, LLC				
Enter new principal office address, if applicable:				
(<u>Principal office address</u> MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18 38		
2. The Florida document number of this limited liability company is: M0100000670	· · · · · ·	1.00 AF		
		1		
3. Jurisdiction of its organization: Georgia 4. Date authorized to do business in Florida: 03/26/2001		ū		
SECTION II (5-9 complete only the applicable changes) 5. New name of the limited liability company: (must contain "Limited Liability Company, ""L.L.C.," of				
(must contain "Limited Liability Company, " "L.L.C.," o	r "LLC."	}		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida a copy of the written consent of the managers or managing members adopting the alternate name. The a must contain "Limited Liability Company," "L.L.C." or "LLC.")	nd attach lternate na	a ame		
6. If amending the registered agent and/or registered officer address on our records, enter the name of registered agent and/or the new registered office address here:	the new			
Name of New Registered Agent:				
New Registered Office Address: Enter Florida Street Address		-		
, Florida	m			
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 the provisions of all statutes relative to the proper and complete performance of my duties, and I am just and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or document is being filed to merely reflect a change in the registered office address, I hereby confirm the liability company has been notified in writing of this change.	tamiliar w , if this	uth		

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
Fitle/ Capacity	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			Add		
			Remove		
			Add		
			Remove		
			Add		
			Remove		
aforementioned an	icate, if required: no more than 90 lendment(s), duly authenticated by he law of which this entity is orga	the official having custody of records in th	c		
	Signature of	the authorized representative			

Fiting Fee: \$25.00

Control Number: 0100635

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT NAME CHANGE

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

CRESCENT COMMUNITIES, LLC a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 07/02/2018 changing its name to

Palmetto Bluff Company, LLC a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 07/02/2018.



B: P. Kemp Secretary of State

ARTICLES OF AMENDMENT

Electronically Filed Secretary of State

Filing Date: 7/2/2018 9:51:25 AM

Article 1

Business Name : CRESCENT COMMUNITIES, LLC

Control Number : 0100635

Article 2

The date the articles of organization were filed was: 12/31/2000

Article 3

The entity hereby adopts an amendment to change its name to the following new business name:

New Business Name : Palmetto Bluff Company, LLC

Effective Date : 07/02/2018

Authorizer Information

Authorizer Signature: Kevin H. Lambert Authorizer Title: Manager

Control Number: 0100635

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> Palmetto Bluff Company, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 15991370 Date Inc/Auth/Filed: 12/31/2000 Jurisdiction : Georgia : 07/02/2018 Print Date

Form Number : 211



B: IL Brian P. Kemp Secretary of State