

M0400000 2807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

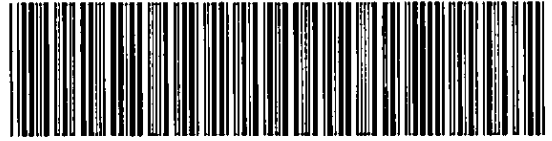
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Safeguard FL I LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alisha Trotman

Name of Person

Safeguard Operations LLC

Firm/Company

3384 Peachtree Road, NE Suite 400

Address

Atlanta, GA 30326

City/State and Zip Code

atrotman@safeguardit.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alisha Trotman

Name of Person

at ( 404 ) 264 - 7528

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 &  
Certified Copy

\$60 Filing Fee,  
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: Safeguard FL I LLC

Enter new principal office address, if applicable: 3384 Peachtree Road, NE

Suite 400  
**(Principal office address  
MUST BE A STREET ADDRESS)** Atlanta, GA 30326

Enter new mailing address, if applicable: \_\_\_\_\_

**(Mailing address  
MAY BE A POST OFFICE BOX)** \_\_\_\_\_

2. The Florida document number of this limited liability company is: M04000002807

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/16/2004

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: PPF SS 12000 NW 27th Avenue, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
*Enter Florida Street Address*  
\_\_\_\_\_, **Florida** \_\_\_\_\_  
*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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:


\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

**Mark B. Rinder**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SAFEGUARD FL I LLC", CHANGING ITS NAME FROM "SAFEGUARD FL I LLC" TO "PPF SS 12000 NW 27TH AVENUE, LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2018, AT 12:37 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

3828120 8100  
SR# 20187686528

Authentication: 203970210  
Date: 11-27-18

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)


# STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Safeguard FL I LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

First: The name of the Limited Liability Company is:  
PPF SS 12000 NW 27th Avenue, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 13 day of November, A.D. 2018.

By:   
Authorized Person(s)

Name: Mark B. Rinder  
Print or Type


# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PPF SS 12000 NW 27TH AVENUE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2018.



  
Jeffrey W. Bullock, Secretary of State

3828120 8300

SR# 20187686528

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203970211

Date: 11-27-18