

1104000003333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

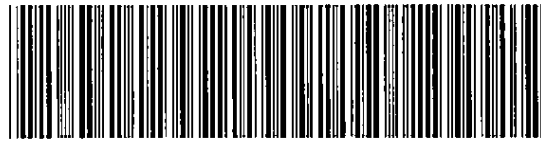
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Certified Copies _____

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DIVISION OF CORPORATIONS

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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

R. HUNT

10/25/23

CT CORP
(850) 656-4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 10/25/2023

Acc#I20160000072

en: c SW

Name:	2201 Collins Fee LLC
Document #:	
Order #:	15187593

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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DIVISION OF CORPORATE AFFAIRS
STATE OF FLORIDA

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Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2201 Collins Fee 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:

Katherine Carpentier

Name of Person

c/o RFR Holding LLC

Firm/Company

375 Park Avenue

Address

New York, New York 10152

City/State and Zip Code

kcarpentier@rfr.com

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

For further information concerning this matter, please call:

Katherine Carpentier

at (212) 308-1000

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

CR2E055 (9/15)

2023 OCT 25 PM 12:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

**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: 2201 Collins Fee LLC

Enter new principal office address, if applicable: 375 Park Avenue

(Principal office address

MUST BE A STREET ADDRESS)

New York, New York 10152

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

375 Park Avenue

New York, New York 10152

2. The Florida document number of this limited liability company is: M04000003333

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 8/12/2004

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.," 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

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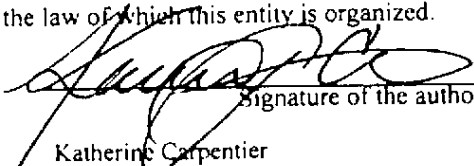
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Signatory	Richard Froom	375 Park Avenue, Floor 10	<input type="checkbox"/> Add
		New York, New York 10152	<input checked="" type="checkbox"/> Remove
Authorized Signatory	Thomas Lavin	375 Park Avenue	<input checked="" type="checkbox"/> Add
		New York, New York 10152	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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CLERK OF STATE
DIVISION OF CORPORATION
2023 OCT 25 PM 12:40

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
Katherine Carpentier

Typed or printed name of signee

Filing Fee: \$25.00