

MO5000001150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

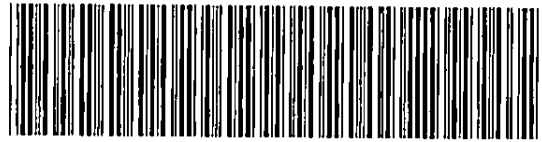
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

MAY 30 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. HUNT

05/30/24

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 05/30/2024

Acc#I20160000072

eric DW

| | |
|-------------|--|
| Name: | St. James Crossing Apartments Investors, LLC |
| Document #: | |
| Order #: | 15595515 - 89 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|---------|
| 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: | MI 9 57 |
| | | Number of Certs: | MI 9 57 |

| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
| | Plain: <input type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

Email Address for Annual Report Notifications:

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

Amount: \$ **55.00**

Thank you!

**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: St. James Crossing Apartments Investors, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

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: M05000001150

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 3/4/2005

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.

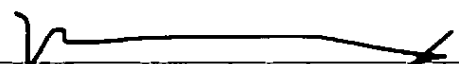
If Changing Registered Agent, Signature of New Registered Agent

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

2. 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> |
|------------------------|---------------|---------------------|---|
| AMBR | Paul Ahls | 591 W. Putnam Ave | <input checked="" type="checkbox"/> Add |
| | | Greenwich, CT 06830 | <input type="checkbox"/> Remove |
| AMBR | Brian Soss | 591 W. Putnam Ave | <input checked="" type="checkbox"/> Add |
| | | Greenwich, CT 06830 | <input type="checkbox"/> Remove |
| AMBR | Andres Panza | 591 W. Putnam Ave | <input checked="" type="checkbox"/> Add |
| | | Greenwich, CT 06830 | <input type="checkbox"/> Remove |
| AMBR | Steven Post | 591 W. Putnam Ave | <input checked="" type="checkbox"/> Add |
| | | Greenwich, CT 06830 | <input type="checkbox"/> Remove |
| AMBR | Harry Rummell | 591 W. Putnam Ave | <input checked="" type="checkbox"/> Add |
| | | Greenwich, CT 06830 | <input type="checkbox"/> Remove |

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

Nick Antonopoulos

Typed or printed name of signee

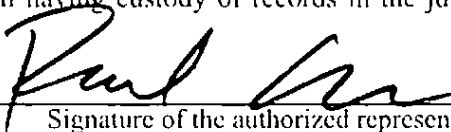
Filing Fee: \$25.00

1: If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

2: 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> |
|-----------------------------|-------------------------|--|---|
| <u>Authorized Signatory</u> | <u>Kellie Jackson</u> | <u>300 International Parkway, Ste 130</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Heathrow, FL 32746</u> | <input type="checkbox"/> Remove |
| <u>Authorized Signatory</u> | <u>Lorie O'Dell</u> | <u>300 International Parkway, Ste 130</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Heathrow, FL 32746</u> | <input type="checkbox"/> Remove |
| <u>Authorized Signatory</u> | <u>Rachelle Hundley</u> | <u>300 International Parkway, Ste 130</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Heathrow, FL 32746</u> | <input type="checkbox"/> Remove |
| <u>Authorized Signatory</u> | <u>Nelda Jones</u> | <u>1580 Sawgrass Corporate Pkwy, Ste 403</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Sunrise, FL 33323</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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

Paul Ahls

Typed or printed name of signee

Filing Fee: \$25.00

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JAN 17 10:57