M05000004095

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



000399613210



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

ACCOUNT NO. : I20000000195 REFERENCE : CSTANS COL 4305026 AUTHORIZATION : COST LIMIT : \$ 25.00			
ORDER DATE : February 28, 2023			
ORDER TIME : 1:30 PM			
ORDER NO. : 533156-045			
CUSTOMER NO: 4305026			
FOREIGN FILINGS			
NAME: SVCN 1 LLC			
CORPORATE LIMITED PARTNERSHIP CC LIMITED LIABILITY COMPANY			
XXXX AMENDMENT			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Alexxis Weiland EXT#			
EXAMINER:			

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SVCN LLC	n Limited Liability Company
Name of Poleigi	in Limited Clabinty Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s)	are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
Rachael Charest	
Name of Person	
Sullivan & Worcester LLP	
Firm/Company	
One Post Office Square	
Address	
Boston, MA 02109	
City/State and Zip Code	2
rcharest@sullivanlaw.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter,	please call:
Rachael Charest	at (617) 338-2868
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 a □\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status CR2E055 (9/15)	amount: ☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certified Copy 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: SVCN LLLC
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: M05000004095
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 07/25/2005
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
New Registered Agent's Signature, it 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

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Please see Exhibit A attached				
e/ Capacity	<u>Name</u>	Address	Type of Action	
·			□Add	
			□Remo	
 			□Add	
			□Remo	
	<u> </u>		Dbdd	
			□Remo	
			□Add	
			□Remo	
			□Add	
aforementioned am	icate, if required: no more than 90 datendment(s), duly authenticated by the law of which this entity is organic	ne official having custody of records in	□Remo	
	Signature of the	canhorized representative		

Filing Fee: \$25.00

Exhibit A

Name	Title	Address	Add / Remove
Todd W. Hargreaves	President and Chief	Two Newton Place	Add
	Investment Officer	255 Washington Street.	
i		Suite 300	
		Newton, MA 02458	
Brian E. Donley	Chief Financial Officer	Two Newton Place	Add
1	and Treasurer	255 Washington Street.	
Į.		Suite 300	
		Newton, MA 02458	
Jennifer B. Clark	Secretary	Two Newton Place	Add
		255 Washington Street,	
		Suite 300	
		Newton, MA 02458	
Jacquelyn S. Anderson	Assistant Secretary	Two Newton Place	Add
		255 Washington Street,	
		Suite 300	
		Newton, MA 02458	

