Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000023440 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BROAD AND CASSEL (BOCA RATON)

Account Number : 076376001555

: (561)483~7000

Fax Number

: (561)483~7321

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

2016 JAN 29 AM 11:

jasonmccoy@paulhastings.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EQR-BOYNTON I, L.L.C.

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Certificate of Status	0
Certified Copy	0
Page Count	7
Estimated Charge	\$25.00

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Fax Audit No. H16000023440 3

COVER LETTER

TO:

<u>جَڙ</u>

Registration Section
Division of Corporations

SUBJECT: EQR-Boynton I, L.L.C. Name Change

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:

Jason McCoy

Name of Person

Paul Hastings

Firm/Company

1170 Peachtree St. NE, Suite 100

Address

Atlanta, Georgia, 30309

City/State and Zip Code

jasonmccoy@paulhastings.com

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

For further information concerning this matter, please call:

Jason McCoy

_{st} 404 \ 81

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, 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

CR2E055 (9/15)

Fax Audit No. H16000023440 3

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)

Name of limited liability Company as it appears State: EQR-Boynton I, L.L.C.	s on the records of the Florida Department of	
Enter new principal office address, if applicable:	591 West Putnam Avenue	
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	Greenwich, Connecticut 06	830
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)		
2. The Florida document number of this limited lia	ability company is: M0600000685	50 6
3. Jurisdiction of its organization: Delaware)	JAN 29
4. Date authorized to do business in Florida: Fe	bruary 6, 2006	
SECTION II (5-9 complete only the applicable 5. New name of the limited liability company: (mus	changes)	STATE OF "ELC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	naging members adopting the alternate name.	orida and attach a The alternate name
6. If amending the registered agent and/or registered agent and/or the new registered office a		me of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Addre	255
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I further is and complete performance of my duties, and tered agent as provided for in Chapter 605, F in the registered office address, I hereby con	Lam familiar with LS. Or, if this
— If C	Changing Registered Agent, Signature of New	Registered Agent

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Fax Au	dit No.	H16	00000	23440	3
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8. If the amendment of	hanges person, title or capacity in	es person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
Title/ Capacity	Name	Address	Type of Action		
			□Add		
	1		Remove		
			Add		
			—————————————————————————————————————		
			Ards Reprove		
			Add		
		— (, , , , , , , , , , , , , , , , , ,	Remove		
			Add		

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.

/s/ Jerome C. Sllvey
Signature of the authorized representative

Jerome C. Silvey

Typed or printed name of signee

Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SCG ATLAS BOYNTON I, L.L.C." 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-SIXTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN FAID TO DATE.

FILED MII: 05

4105123 8300 SR# 20160399231



Authentication: 201728797

Date: 01-26-16

Delaware The First State

Page 1

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 "EQR-BOYNTON I, L.L.C." TO "SCG ATLAS BOYNTON I, L.L.C.", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2016, AT 8:47 O'CLOCK A.M.

FILED MII: 05

50 FILED MII: 05

SECRECATE STATE
SECRECATE STA

Authentication: 201727276

Date: 01-26-16

4105123 8100 SR# 20160392436

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

ine Certificate	of Formation of the limite	d liability compar	ıy is he re by	amended
	the limited liab as Boynton I, L.L.		y is cha	inged
				77.02
				هند المادة ا المادة المادة
n witness i	WHEREOF, the undersig	ned have execute		
he <u>26</u>	day of January	7	_, A.D. <u>20</u>	16 円空
	By:_	/s/ Jerome C.	Silvey	-,
		Authoria	ed Person(s)	\