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(((H16000023444 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:

jasonmccoy@paulhastings.com

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

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Fax Audit No. H16000023444 3

#### **COVER LETTER**

TO:

Registration Section

Division of Corporations EQR-Boynton II, L.L.C. Name Change À. 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 McCov Name of Person Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & ☐ \$60 Filing Fee, S25 Filing Fee \$30 Filing Fee & Certified Copy Certificate of Status Certificate of Status &

Certified Copy

CR2E055 (9/15)

#### Fax Audit No. H16000023444 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)

1. Name of limited liability Company as it appears	s on the records of the Florida Department of		
State: EQR-Boynton II, L.L.C.			
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> )		73 <b>5</b>	
2. The Florida document number of this limited lial	bility company is: M0600000686	2 in <b>2</b> -	
3. Jurisdiction of its organization: Delaware	·	129	
4. Date authorized to do business in Florida:	oruary 6, 2006		
SECTION II (5-9 complete only the applicable c	hanges)		
5. New name of the limited liability company: So (must	CG Atlas Boynton II, L.L.C. contain "Limited Liability Company, ""L.L.	C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	laging members adopting the alternate name.	rida and attach a The alternate name	
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, enter the nat	ne of the new	
Name of New Registered Agent:	·····		
New Registered Office Address:	Enter Florida Street Addre	55	
	, Florida _		
	City	Zip Code	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper a and accept the obligations of my position as registe document is being filed to merely reflect a change i liability company has been notified in writing of the	at and agree to act in this capacity. I further a and complete performance of my duties, and . ered agent as provided for in Chapter 605, F., in the registered office address, I hereby conf	l am familiar with S. Or, if this	

## Fax Audit No. H16000023444 3

. His ansamment of	anges person, title or capacity in ac	cordance with 605.0902 (1)(e), indi-	cate that change:
e/ Capacity	Name	Address	Type of Actio
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forementioned am	cate, if required: no more than 90 dendment(s), duly authenticated by the law of which this entity is organi	he official having custody of record	ds in the
	/s/ Jerome C. Silve	y ne authorized representative	

Filing Fee: \$25.00

# Delaware The First State

Page 1

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

DELAWARE, DO REREBY CERTIFY "SCG ATLAS BOYNTON II, 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 PAID TO DATE.

16 JAN 29 MI II: 04

Authentication: 201728799

Date: 01-26-16

4105124 8300 SR# 20160399233

You may verify this certificate online at corp.delaware.gov/authver.shtml

## 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 II,
L.L.C.", CHANGING ITS NAME FROM "EQR-BOYNTON II, L.L.C." TO
"SCG ATLAS BOYNTON II, L.L.C.", FILED IN THIS OFFICE ON THE
TWENTY-SIXTH DAY OF JANUARY, A.D. 2016, AT 8:51 O'CLOCK A.M.

JACONY II. TOROLL. SECONDARY of States

4105124 8100 SR# 20160392437 Authentication: 201727281 Date: 01-26-16

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corperations
Delivered 08:51 AM 01/26/2016
FILED 08:51 AM 01/26/2016
SR 20160392437 - File Number 4105124

### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

	the limited liabi s Boynton II, L.L.		y is char	nged
				<b>三</b> 名
IN WITNESS V	VHEREOF, the undersign	ed have executed	l this Certific	ate on ?
the 26	day of January		_, A.D. <u>201</u>	