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(((H16000023456 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Fax Number

Account Name : BROAD AND CASSEL (BOCA RATON)

Account Number: 076376001555

Phone

: (561)483-7000 ; (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-WELLINGTON GREEN, L.L.C.

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Fax Audit No. H16000023456 3

#### **COVER LETTER**

TQ;	Registration Section
	Division of Corporation

	een, L.L.C. Name Change	_
Name of Foreign l	Limited Liability Company	_
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) are	re submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Jason McCoy		
Name of Person		
Paul Hastings		
Firm/Company		
1170 Peachtree St. NE, Su	uite 100 ≓∞	21
Address	CAR LAR	2016 JAN 29
Atlanta, Georgia, 30309	(A)	h 2
City/State and Zip Code		> >
jasonmccoy@paulhastings		<b>ĕ</b>
E-mail address: (to be used for future annual re	report notification)	0 0
For further information concerning this matter, pl	please call:	
Jason McCoy	at(404 ) 8152318	
Name of Person	Area Code & Daytime Telephone Number	-
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, 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  CR2E055 (9/15)	S55 Filing Fee & S60 Filing Fee Certified Copy Certificate of Certified Copy	Status &
` '	•	

#### Fax Audit No. H16000023456 3

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION 1 (1-4 must be completed)

, 22214.1	( · · · · · · · · · · · · · · · · · · ·	
1. Name of limited liability Company as it appears	on the records of the Florida Department o	f
State: EQR-Wellington Green, 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 00	3830
Enter new mailing address, if applicable: ( <u>Mailing address</u> <u>MAY BE A POST OFFICE ROX</u> )		
2. The Florida document number of this limited liab	bility company is: M0600003305	ZOIG JAN
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: Jun	e 13, 2006	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SECTION II (5-9 complete only the applicable c	hanges)	
5. New name of the limited liability company: So (must	<del>-</del>	0 7 7 9
(must	contain "Limited Liability Company," "L.	L.C., "or "LLG")
(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 6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	raging members adopting the alternate name " or "LLC.")  d officer address on our records, enter the n	e. The alternate name
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida Street Add	ress
	, Florida	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 thi	gistered Agent: at and agree to act in this capacity. I further and complete performance of my duties, and ared agent as provided for in Chapter 605, i in the registered office address, I hereby co	agree to comply with d I am familiar with F.S. Or, if this

#### Fax Audit No. H16000023456 3

If the amendment of	changes person, title or capacity in	accordance with 605,0902 (1)(e), inc	licate that change;
tle/ Capacity	Name	Address	Type of Action
<del></del>			DbA□
			Remove
<del></del>			∏Add
			Remove
			AH Bemove
			ABB 8
			Remove
			Add
		<u></u>	Remove

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 WELLINGTON, 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.

Authentication: 201728813

Date: 01-26-16

4172796 8300 SR# 20160399283

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-WELLINGTON GREEN, L.L.C.", CHANGING ITS NAME FROM "EQR-WELLINGTON GREEN, L.L.C." TO "SCG ATLAS WELLINGTON, L.L.C.", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2016, AT 9:19 O'CLOCK A.M.

Authentication: 201727515

Date: 01-26-16

State of Delaware
Scaretary of State
Division of Corporations
Delivered 09:19 AM 01/26/2016
FILED 09:19 AM 01/26/2016
SR 20160392415 - File Number 4172796

### STATE OF DELAWARE SR CERTIFICATE OF AMENDMENT

	f the limited liability co	ompany is chan
to SCG ACT	as Wellington, L.L.C.	
IN WITNESS	WHEREOF the undersigned have ex	ecuted this Certifics
IN WITNESS	WHEREOF, the undersigned have ex	
		ecuted this Certification, A.D. 201
		, A.D. 201