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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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2022 FEB 25 | F1 | 1 | 4

NOTEB 25 PH 4:31

1/17

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

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 app	pears on the records of the Florida Department of
State: BSREP II WS Pensacola Northwest L	LC
Enter new principal office address, if applicab	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2022 FEB 25 FE
2. The Florida document number of this limite	d liability company is: M06000006960
_	12/13/2006
SECTION II (5-9 complete only the applica	
	Tiger Pensacola Northwest LLC must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")
	opted for the purpose of transacting business in Florida and attach a r managing members adopting the alternate name. The alternate name L.L.C." or "LLC.")
6. If amending the registered agent and/or registered agent and/or the new registered office	istered officer address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida
the provisions of all statutes relative to the pro and accept the obligations of my position as re	g Registered Agent: agent and agree to act in this capacity. I further agree to comply with oper and complete performance of my duties, and I am familiar with egistered agent as provided for in Chapter 605, F.S. Or, if this tinge in the registered office address, I hereby confirm that the limited of this change.
	If Changing Registered Agent, Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
tle/ Capacity	<u>Name</u>	Address	Type	e of Action	
				□Add	
			·	□Remov	
			·	□Add	
				□Remo	
			. (c) . (c) 2 2 2 	rs or	
				☐Add ☐Remo	
				□∧dd	
aforementioned am	icate, if required: no more than 90 d lendment(s), duly authenticated by the law of which this entity is organic	he official having custody of records	in the	□Remo	
	/s/ Christopher N. Dekle Signature of th	e authorized representative			

Filing Fee: \$25.00

STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

I. SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6139174

Entity Name: TIGER PENSACOLA NORTHWEST LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on November 17, 2006, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of February 24, 2022

SCOTT SCHWAB SECRETARY OF STATE

Certificate ID: 1210186 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

Office of the Kansas Secretary of State

Name Change Amendment

Electronic File Stamp Information:

Filed

Date: 02/23/2022Time: 13:11

1. Old Business Entity Name: BSREP II WS PENSACOLA NORTHWEST LLC

2. Business Entity I.D. Number: 6139174

The name of the business entity has been amended:

New Business Entity Name: Tiger Pensacola Northwest LLC

"I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct."

Executed on the 23 of February, 2022.

Christopher Dekle Authorized Person



I, Scott Schwab, Secretary of State of Kansas, do hereby certify that this is the true and correct copy of the original document filed electronically on 23 of February , 2022.

Scott Schwab

To validate the authenticity of this electronically certified document please visit, https://www.kansas.gov/sos-namechange/validation.do. Enter the following authentication code: 203666