Division of Corporations

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Florida Department of State

Division of Corporations

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(((H16000023486 3)))

H16000023486ABC/

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BROAD AND CASSEL (BOCA RATON)
Account Number : 076376001555
Phone : (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-MARINA BAY APARTMENTS, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	7
Estimated Charge	$30.00

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Fax Audit No. H16000023486 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EQR-Marina Bay Apartments, 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 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* ☐ $55 Filing Fee & *Certified Copy* ☐ $60 Filing Fee, *Certificate of Status* & Certified Copy

CR2E055 (9/15)

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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: EQR-Marina Bay Apartments, L.L.C.

Enter new principal office address, if applicable: 591 West Putnam Avenue
Greenwich, Connecticut 06830

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M06000007161

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 27, 2006

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: SCG Atlas New River Cove, L.L.C.
(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

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if 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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove

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. Silvey
Signature of the authorized representative

Jerome C. Silvey
Typed or printed name of signee

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2016 JAN 29 A 9:53
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TALLAHASSEE, FLORIDA

Filing Fee: $25.00

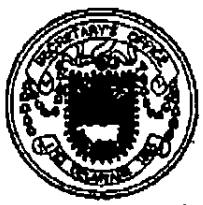
Fax Audit No. H16000023486 3

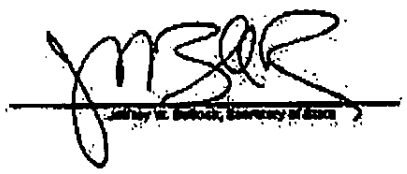
Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCG ATLAS NEW RIVER COVE, 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.





4268579 8300

SR# 20160399249

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

Authentication: 201728806

Date: 01-26-16

Delaware

The First State

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-MARINA BAY APARTMENTS, L.L.C.", CHANGING ITS NAME FROM "EQR-MARINA BAY APARTMENTS, L.L.C." TO "ECG ATLAS NEW RIVER COVE, L.L.C.", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2016, AT 9 O'CLOCK A.M.

4268579 8100
SR# 20160392444

Authentication: 201727360
Date: 01-26-16

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

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: EQR-Marina Bay Apartments, L.L.C.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is changed to SCG Atlas New River Cove, L.L.C.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 26 day of January, A.D. 2016.

By: /s/ Jerome C. Silvey
Authorized Person(s)

Name: Jerome C. Silvey
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:00 AM 01/26/2016
FILED 09:00 AM 01/26/2016
SR 20160392444 - File Number 4268579