Division of Corporations

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will generate another cover sheet. To: Division of Corporations Fax Wumber : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 ယ Fax Number **Enter the email address for this business entity to be used for future —
annual report mailing. Forty or annual report mailing. annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SCG ATLAS MIRAMAR LAKES, L.L.C. Certificate of Status t Certified Copy 03 Page Count

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SEP 25 2019

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 hability Company as it appears on the records of the Florida Department of
State: SCG Atlas Miramar Lake, L.L.C.
Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Afrillana addame)
MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: M06000007162
€
3. Jurisdiction of its organization:
4. Date authorized to do business in Florida: 12/27/2006
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: (must contain "Limited Liability Company," "L.L.C.," or "LLC.")
(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 or 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.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	Name	<u>Address</u>	Type of Acti	
in Vice President	James Kone	400 Galleria Parkway, Suite Atlanta, GH 30339	1 450 <u>⊠</u> Add	
			Rem	
			SEI#24	
			Remo	
			Add	
			Remo	
			Add	
			Rem	
aforementioned	ertificate, if required: no more than I amendment(s), duly authenticated der the law of which this entity is or	by the official having custody of records in t	he	
	Signature	of the authorized representative		

Filling Fee: \$25.00