

Division of Corporations

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NO700003369
Florida Department of State
Division of Corporations
Electronic Filings

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

From: Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please
Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PREFERRED RESIDENTIAL MANAGEMENT, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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MAR 18 2014
D. BRUCE

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

SECTION I (1-3 must be completed)

- 1. Name of limited liability Company as it appears on the records of the Florida Department of State: Preferred Residential Management, LLC
- 2. Jurisdiction of its organization: Georgia
- 3. Date authorized to do business in Florida: 06/04/2007

SECTION II (4-7 complete only the applicable changes)

- 4. New name of the limited liability company: OLDCO Residential Management, 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.")

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

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

- 7. Attached is an original 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.


Signature of the authorized representative

William F. Leseman

Typed or printed name of signee

Filing Fee: \$25.00

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 TALLAHASSEE FLORIDA
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Control No.: 07014624

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF NAME CHANGE

I, **Brian P. Kemp**, The Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

PREFERRED RESIDENTIAL MANAGEMENT, LLC

Name Changed To

OLDCO RESIDENTIAL MANAGEMENT, LLC

is hereby issued a CERTIFICATE OF NAME CHANGE under the laws of the State of Georgia on January 09, 2014 by the filing of all documents in the Office of the Secretary of State and by the paying of all fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on January 10, 2014



Brian P. Kemp
Secretary of State

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TALLAHASSEE FLORIDA

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