### M0700006261

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP . WAIT MAIL
(Business Entity Name)
(Document Number)
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MAY 25 2016 J SHIVERS CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 144616 4321063

AUTHORIZATION : COST LIMIT : \$ 25.00

ORDER DATE : May 17, 2016

ORDER TIME : 3:31 PM

ORDER NO. : 144616-100

CUSTOMER NO: 4321061

#### FOREIGN FILINGS

NAME: 52 ASSOCIATES, LLC

	CORPORAT LIMITED LIMITED	PART	NERSHIP BILITY COMI	PANY	r.		
XXXX A	MENDMENT	<u>.</u>					
PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:
XX		STAM	COPY IPED COPY 'E OF GOOD	STA	ANDING		

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

## 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)

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floricopy of the written consent of the managers or managing members adopting the alternate name. The must contain "Limited Liability Company," "L.L.C." or "LLC.")	da and attach ne alternate n	a amo
(must contain "Limited Liability Company, " "L.L.C	.," or FLC.	יקיי
SECTION II (5-9 complete only the applicable changes)  5. New name of the limited liability company: 52 Associates BC, LLC		င္သ
4. Date authorized to do business in Florida: October 18, 2007	18.	+
3. Jurisdiction of its organization: Georgia		TAY 2
2. The Florida document number of this limited liability company is: M0700006261	20	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Principal office address  MUST BE A STREET ADDRESS)		
Enter new principal office address, if applicable:	,	
State: 52 Associates, LLC		

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 the amendme	nt changes person, title or capacity in ac	ecordance with 605.0902 (1)(e), indicate that	t change:
le/ Capacity	Name	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		Add
			Remov
			Add
			Remov
			Remove
			Remove
<del></del>			Add
forementioned	rtificate, if required: no more than 90 amendment(s), duly authenticated by er the law of which this entity is or ga	the official having custody of records in the	Remove

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 THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF CONVERSION OF A GEORGIA LIMITED

LIABILITY COMPANY UNDER THE NAME OF "52 ASSOCIATES, LLC" TO A

DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "52

ASSOCIATES, LLC" TO "52 ASSOCIATES BC, LLC", FILED IN THIS OFFICE

ON THE SEVENTEENTH DAY OF MAY, A.D. 2016, AT 2:33 O'CLOCK P.M.

Authentication: 202366021

Date: 05-23-16

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:33 PM 05/17/2016
FILED 02:33 PM 05/17/2016
SR 20163311092 - File Number 6044480

# STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE LIMITED LIABILITY ACT

1.)	The jurisdiction where the Non-Delaware Limited Liability Company first formed is Georgia
2.)	The jurisdiction immediately prior to filing this Certificate is Georgia
3.)	The date the Non-Delaware Limited Liability Company first formed is May 27, 2005
4.)	The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is 52 Associates, LLC
5.)	The name of the Limited Liability Company as set forth in the Certificate of Formation is 52 ASSOCIATES BC, LLC.
IN	WITNESS WHEREOF, the undersigned have executed this Certificate on the day of May , A.D. 2016
	By: Authorized Person
	Name: Bret L. Block, Organizer

Print or Type

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND

CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "52 ASSOCIATES

BC, LLC" FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF MAY,

A.D. 2016, AT 2:33 O'CLOCK P.M.



Authentication: 202366021

Date: 05-23-16

6044480 8100F SR# 20163311092

#### STATE of DELAWARE LIMITED LIABILITY COMPANY CERTIFICATE of FORMATION

Name: Bret L. Block, Organizer

Second: The address of its regis	stered office in the State of Delaware is
2711 Centerville Road, Suite 400	in the City of Wilmington
Zip code 19808  Corporation Service Company	. The name of its Registered agent at such address is
	if the company is to have a specific effective date of which the limited liability company is to dissolve is
Fourth: (Insert any other matter	rs the members determine to include herein.)
Fourth: (Insert any other matter	rs the members determine to include herein.)
Fourth: (Insert any other matter	rs the members determine to include herein.)
Fourth: (Insert any other matter	rs the members determine to include herein.)
Fourth: (Insert any other matter	rs the members determine to include herein.)
In Witness Whereof, the under	
,	rs the members determine to include herein.)  signed have executed this Certificate of Formation this