6/25/2018

Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 Phone : (305)520-2344

Fax Number

: (305)520-2400

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

E	Address:			
EMALL	AUGITESS:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FDG ST. AUGUSTINE INDUSTRIAL PARK LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

TO: Registration Section

## **COVER LETTER**

Division of Corporations					
SUBJECT: FDG St. Augustine Name of Foreign L					
Dear Sir or Madam:					
The enclosed application, certificate and fee(s) are	submitted fo	r filing.			
Please return all correspondence concerning this n	natter to the f	ollowing:			
Kolleen Cobb					
Name of Person			, ; !	2913	
Florida East Coast Industries	s, LLC		HLLAUS VOET ET END	يال	
Firm/Company			() ()	<u>,</u>	
117 NE 1st Ave, 11th Floo	or		• • •	>	:
Address			É	ည် ကိ	
Miami, FL 33132				.5.	
City/State and Zip Code					
kolleen.cobb@feci.com					
E-mail address: (to be used for future annual re	port notificat	ion)			
For further information concerning this matter, pl	ease call:				
Brianna Hernandez	, 305	<sub>)</sub> 520-	2427		
Name of Person	Area Code	& Daytim	e Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314		
Enclosed is a check for the following amount:  \$\mathbb{B}\$ \$25 \text{ Filing Fee}  \mathbb{S}\$ \$30 \text{ Filing Fee & Certificate of Status}  \$\mathcal{CR2E055}\$ (9/15)	S55 Filio Certifie	ng Fee & d Copy	\$60 Filing Fee, Certificate of S Certified Copy		

## 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)

Enter new principal office address, if applicable:	al Park LLC 117 NE 1st Ave, 11th Floor		
Principal office address  Principal office address  Miami, FL 33132  AUST BE A STREET ADDRESS			
Enter new mailing address, if applicable:	117 NE 1st Ave, 11th Floor		
( <u>Mailing address</u> MAY BE A POST OFFICE BOX)	Miami, FL 33132	14. 12.	2013
2. The Florida document number of this limited li	ability company is: M0700006811	न, रू	- <del> </del>
3. Jurisdiction of its organization: Delaware			D
4. Date authorized to do business in Florida: 11	/20/2007	ţ	<del>ا</del> ئن
SECTION II (5-9 complete only the applicable		÷:	5 h
5. New name of the limited liability company:  (mu  (If name unavailable, enter alternate name adopte copy of the written consent of the managers or m must contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in F anaging members adopting the alternate name	lorida and	attach
musi comani. Emitted Elability Company, E.E.		ame of the	e new
6. If amending the registered agent and/or registered agent and/or the new registered office.  Name of New Registered Agent:  New Registered Office Address: 117 NE 19	st Avenue, 11th Floor		
Name of New Registered Agent:  New Registered Office Address:  117 NE 19	address here:		

thereby 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 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			
	·	• • • • • • • • • • • • • • • • • • •				
			E Remove			
	<del></del>		Remove			
			Add			
aforementi	n under the law of which this entity to over	00 days old, evidencing the by the official having custody of records in	Remove			

Filing Fee: \$25.00