

MO7 0000007200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

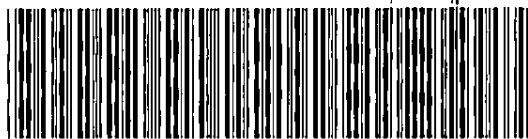
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WRITTEN CONSENT TO ADOPT ALTERNATE NAME
FOR USE IN THE STATE OF FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The undersigned does hereby certify that I am the Authorized Person of:

SABAL PALM, LLC

SECOND: The limited liability company is duly organized and existing under the laws of the
state of: DELAWARE

THIRD: Because the name of this foreign limited liability company does not satisfy the
requirements of Section 605.0112, Florida Statutes, the limited liability
company hereby adopts the following name to transact business in the state of
Florida:

SABAL PALM DELAWARE, LLC

Dated: October 31, 2017



Marvin Feinstein, Authorized Person