10/27/2016

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 Phone

Fax Number

: (305)520-2344 : (305)520-2400

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED FDG RAIL HOLDINGS 11 LLC

Certificate of Status	0
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Help

D. SCOTT

OCT 28 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FDG RAIL HOLDINGS 11 LLC  Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kolleen O.P. Cobb
Name of Person
Florida East Coast Industries, LLC
Firm/Company
2855 Le Jeune Road., 4th Floor
Address Address
Coral Gables, FL 33134 열리 그
City/State and Zip Code
kolleen.cobb@feci.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brenda Johnson 305 5202427
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 P.O. Box 6327 Callahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:  \$\begin{align*} \text{Enclosed is a check for the following amount:} & \text{\$\text{\$\subset}\$} \text{\$\text{\$\subset\$}\$} \text

## 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)

<ol> <li>Name of limited liability Company as it appears o State: FDG RAIL HOLDINGS 11 LLC</li> </ol>		rida Department c	of
Enter new principal office address, if applicable:			
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )			
Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited liabil	lity company is: M070	000007333	SECONO TI
3. Jurisdiction of its organization: Delaware			器 2 二
4. Date authorized to do business in Florida: 12/18	3/2007		100 E
SECTION II (5-9 complete only the applicable cha			ST.
5. New name of the limited liability company:	ontain "Limited Liabilit	y Company, ""L	L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managemust contain "Limited Liability Company," "L.L.C."	ging members adopting	cting business in I the alternate nam	Florida and attach a le. The alternate name
6. If amending the registered agent and/or registered or registered agent and/or the new registered office addr	officer address on our reess here:	ecords, enter the I	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter I	Plorida Street Add	tress
		, Florid	
	City		Zip Code
New Registered Agent's Signature, if changing Regis	stered 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.

Title/ Capacity	<u>Name</u>	Address	Type of Action
VP	Michael Bradish		Add
,		2855 Le Joune Rd., 4th Fl, Coral Gables, F	EL 33134 El Remov
VP	Marshall Bruce Synder	2855 Le Jeune Rd., 4th Fl, Coral Gables, F	L 33134
			Remov
			Add
			SECON Bemaye
**************************************			NSSEE CO
			Remove
			Add
		<u></u>	Remove

Filing Fee: \$25.00