MOSCOCCOSTO

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



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D. SCOTT FEB 9 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2017

CSC

Please give original submission date as file date.

SUBJECT: REIT MANAGEMENT & RESEARCH LLC

Ref. Number: M08000005170

We have received your document for REIT MANAGEMENT & RESEARCH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 717A00002505



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	•	I2000000195
11000111	110.	•	

REFERENCE: 430920 8075520

AUTHORIZATION : Could be a ma

COST LIMIT : (\$'\25.00

ORDER DATE: December 20, 2016

ORDER TIME : 9:0 AM

ORDER NO. : 430920-005

CUSTOMER NO: 8075520

FOREIGN FILINGS

NAME: REIT MANAGEMENT & RESEARCH LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

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)

1. Name of limited liability Company as it appears	•	artment of		
State: Reit Management & Resear	rch LLC			
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 lial	bility company is:			
3. Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: 11/2	25/0008			
SECTION II (5-9 complete only the applicable c	hanges)			
5. New name of the limited liability company:	ne RMR Group LLC			
The RMR Group Newton LLC	contain "Limited Liability Compa	iny, ""L.L.C.," or "L.L.C."		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the alter	nate name. The alternate name	FILED	
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our records, <u>e</u> dress here:	inter the name of the new	5	
Name of New Registered Agent:			5	
New Registered Office Address:				
	Enter Florida Street Address			
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change i liability company has been notified in writing of thi	gistered Agent: If and agree to act in this capacity and complete performance of my ared agent as provided for in Cha in the registered office address, I	duties, and I am familiar with open 605, F.S. Or, if this		

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
tle/ Capacity	Name	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			SRemove FEB - 7
			Remove

Filing Fee: \$25.00

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THE RMR GROUP LLC, REGISTERED JUNE 05, 2015, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 21, 2016.

Michael L. Higgs

Deputy Director





301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097