

MO9000003550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

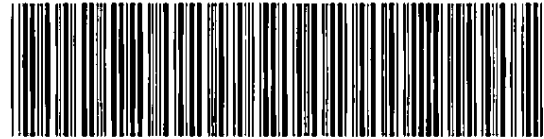
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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FILED
2022 SEP 30 AM 11:09
TALLAHASSEE, FL

FILED
2022 SEP 30 AM 11:24
TALLAHASSEE, FL

A. BUTLER

OCT - 3 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 981483 8369983

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : September 29, 2022

ORDER TIME : 8:38 AM

ORDER NO. : 981483-005

CUSTOMER NO: 8369983

CHANGE OF AGENT

NAME: MBS GP 176, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XXX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MBS GP 176, L.L.C.

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:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

2022 SEP 30 AM 11:24

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of ⁰⁴⁵⁰ STATE
State: MBS GP 176, L.L.C.

Enter new principal office address, if applicable: c/o April Housing
777 S Figueroa St, 16th Floor
(Principal office address
MUST BE A STREET ADDRESS) Los Angeles, CA 90017

Enter new mailing address, if applicable: c/o April Housing
(Mailing address
MAY BE A POST OFFICE BOX) 777 S Figueroa St, 16th Floor
Los Angeles, CA 90017

2. The Florida document number of this limited liability company is: M09000003550

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/03/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee Florida 32301
City Zip Code

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.

Alexis Winters, assistant vice president

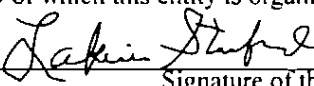
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	MUDCO 4, INC.	720 OLIVE STREET, SUITE 2500	<input type="checkbox"/> Add
		ST. LOUIS, MO 63101	<input checked="" type="checkbox"/> Remove
Member	Aztec OP GP Owner LLC	233 S. Wacker Drive, Suite 4700	<input checked="" type="checkbox"/> Add
		Chicago, IL 60606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Lakecia Stanford

Typed or printed name of signee

Filing Fee: \$25.00

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- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
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Certified Copy |
|---|---|--|--|