

M100000001041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

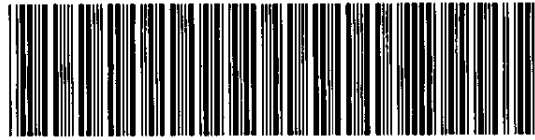
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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RECEIVED

DEPARTMENT OF STATE  
DIVISION OF CORPORATE AFFAIRS

15 MAR 17 AM 10:50

NOT REQUIRED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED

2015 MAR 17 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan MAR 18 2015

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

ACCOUNT NO. : I20000000195

REFERENCE : 535432 3905A

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : March 10, 2015

ORDER TIME : 2:27 PM

ORDER NO. : 535432-005

CUSTOMER NO: 3905A

FOREIGN FILINGS

NAME: MORRISON GROVE CAPREIT, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2015

CSC  
COURTNEY WILLIAMS

SUBJECT: MORRISON GROVE CAPREIT, LLC  
Ref. Number: M10000001041

**RESUBMIT**  
Please give original  
submission date as file date.

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 MAR 26 PM 1:58  
NOTIFIED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

We have received your document for MORRISON GROVE CAPREIT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Check name for amendment in Florida or the certificate.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 915A00005446

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Morrison Grove CAPREIT, 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:

Tonya Morse

Name of Person

Gallagher Evelius & Jones LLP

Firm/Company

218 N Charles Street, #400

Address

Baltimore, MD 21201

City/State and Zip Code

tmorse@gejlaw.com

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

For further information concerning this matter, please call:

Tonya Morse

Name of Person

at ( 410 ) 347-1656

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**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**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Morrison Grove CAPREIT, LLC

2. The Florida document number of this limited liability company is: M10000001041

3. Jurisdiction of its organization: Maryland

4. Date authorized to do business in Florida: 3/5/2010

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

5. New name of the limited liability company: Morrison Grove CS Management, LLC  
(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 office 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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

\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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

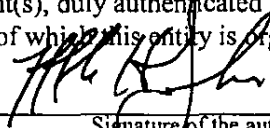
<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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SECRETARY OF STATE  
ALABAMA  
2015 MAR 17 AM 9:46

FILED

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

Mark Johnson

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

I, PAUL B. ANDERSON 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 THE FORFEITURE OR SUSPENSION OF 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 MORRISON GROVE CAPREIT, LLC FILED ITS ARTICLES OF AMENDMENT WITH A NAME CHANGE ON OCTOBER 14, 2014 WITH THIS DEPARTMENT CHANGING ITS NAME TO MORRISON GROVE CS MANAGEMENT, LLC.

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 MARCH 25, 2015.

*Paul B. Anderson*

Paul B. Anderson  
Charter Administrator



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice  
Fax (410) 333-7097

CRTGST