

**MIDTOWN 4285**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000023422 3)))



H160000234223ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BROAD AND CASSEL (BOCA RATON)  
Account Number : 076376001555  
Phone : (561)483-7000  
Fax Number : (561)483-7321

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

jasonmccoy@paulhastings.com

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EQR-MIDTOWN 24, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 7       |
| Estimated Charge      | \$25.00 |

RECEIVED  
2016 JAN 29 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
16 JAN 29 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 01 2016

Electronic Filing Menu

Corporate Filing Menu

S. YOUNG  
Help

JAN. 29. 2016 11:22AM

NO. 8983 P. 2

Fax Audit No. H16000023422 3

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EQR-Midtown 24, LLC Name Change  
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:

Jason McCoy

Name of Person

Paul Hastings

Firm/Company

1170 Peachtree St. NE, Suite 100

Address

Atlanta, Georgia 30309

City/State and Zip Code

jasonmccoy@paulhastings.com

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

For further information concerning this matter, please call:

Jason McCoy

Name of Person

at 404 8152318

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

CR2E055 (9/15)

Fax Audit No. H16000023422 3

FILED  
16 JAN 29 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fax Audit No. H16000023422 3

**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: EQR-Midtown 24, LLC

Enter new principal office address, if applicable: 591 West Putnam Avenue

(Principal office address

MUST BE A STREET ADDRESS)

Greenwich, Connecticut 06830

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M11000004285

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: August 25, 2011

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

5. New name of the limited liability company: SCG Atlas Midtown 24, L.L.C.  
(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:

New Registered Office Address:

Enter Florida Street Address

City, Florida

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

Fax Audit No. H16000023422 3

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>           |
|------------------------|-------------|----------------|---------------------------------|
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <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 |
| _____                  | _____       | _____          | <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.

/s/ Jerome C. Silvey

Signature of the authorized representative

Jerome C. Silvey

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCG ATLAS MIDTOWN 24, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.


FILED  
16 JAN 29 AM 11:04  
SECRETARY OF STATE  
TALLMANSSEE LONDONA



5029025 8300

SR# 20160399222

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 201728790

Date: 01-26-16

# Delaware

The First State

Page 1

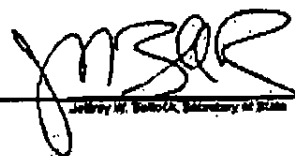
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "EQR-MIDTOWN 24, LLC",  
CHANGING ITS NAME FROM "EQR-MIDTOWN 24, LLC" TO "SCG ATLAS  
MIDTOWN 24, L.L.C.", FILED IN THIS OFFICE ON THE TWENTY-SIXTH  
DAY OF JANUARY, A.D. 2016, AT 8:32 O'CLOCK A.M.

FILED  
16 JAN 29 AM 11:04  
SECRETARY OF STATE  
DELAWARE CITY, DELAWARE



5029025 8100  
SR# 20160392433

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 201727204  
Date: 01-26-16

JAN. 29. 2016 11:22AM

NO. 8983 P. 7

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 08:32 AM 01/26/2016  
FILED 08:32 AM 01/26/2016  
SR 20160391433 - File Number 5019025

# STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: EQR-Midtown 24, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is changed to SCG Atlas Midtown 24, L.L.C.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 26 day of January, A.D. 2016

By: /s/ Jerome C. Silvey

Authorized Person(s)

Name: Jerome C. Silvey

Print or Type

FILED  
16 JAN 29 AM 11:04  
STATE OF DELAWARE  
DIVISION OF CORPORATIONS