

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.

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	Division of Co	-	一本 (予め
	Fax Number	: (850)617-6383	(11)
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From:			577 3.65
	Account Name	: C T CORPORATION SYSTEM	<u>ş</u> t 9
	Account Number	: FCA00000023	_
	Phone	: (850)205-8842	The contract of
	Fax Number	: (850)878-5368	

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

Email	Address:					

FECENCED

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CHELON OF STATE

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BELL CH REALTY CHANNELSIDE, L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$60.00

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bell CH Realty Change Name of Foreign 1	nelside, L.L.C.
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	e submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Bruce Rich	
Name of Person	
Schell Bray PLLC	
Firm/Company	· ·
230 North Elm Street, Suite 1	1500
Address	·
Greensboro, North Carolina 2	27401
City/State and Zip Code	
brich@schellbray.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, ple	وموم معزاز
Bruce Rich	,,336 、370-8815
Name of Person	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 CR2E055 (9/15)	S55 Filing Fee & S60 Filing Fee, Certified Copy 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	•				
State: Bell CH Realty Channelside	, L.L.C.				
Enter new principal office address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			_		
Enter new mailing address, if applicable: (Mailing address		20	₹8. ₹8.		
MAY BE A POST OFFICE BOX)					
	M1200001654	<u> </u>			
2. The Florida document number of this limited liability company is: M12000001654					
3. Jurisdiction of its organization: Delaware		52. 22.5	ر ن آ		
4. Date authorized to do business in Florida: Ma	32111	ੱ –			
SECTION II (5-9 complete only the applicable of					
5. New name of the limited liability company: But (must	ell SPE Channelside, LLC contain "Limited Liability Company, " "L.L.C	.," or "LLC	፯")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting the alternate name. The	da and attac he alternate	h a name		
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, enter the name	of the new	L		
Name of New Registered Agent:					
New Registered Office Address:			_		
	Enter Florida Street Address				
 -	, Florida	Zip Code			
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agenthe 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 is liability company has been notified in writing of the	nt and agree to act in this capacity. I further agi and complete performance of my duties, and I d ered agent as provided for in Chapter 605, F.S. in the registered office address, I hereby confir	am familiar Or, if this	with		

If Changing Registered Agent, Signature of New Registered Agent

12/14/2015 4:42:29 PM From: To: 8506176383(4/5)

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	Name	Address	Type of Action	
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			Remove	
<u>.</u>		<u></u>		
			Remove	
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			Remove	
aforementioned an	ficate, if required: no more than 90 da nendment(s), duly authenticated by the the law of which this entity is organized the Signature of the	cofficial having custody of reco	ords in the 2015 DEC	
	Steven ?			
	Typed or printed	i name of signee); 9: 05 3:14 E 0:RDA	

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12/14/2015 4:42:29 PM From: To: 8506176383(5/5)

<u>Delaware</u>

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BELL CH REALTY

CHANNELSIDE, L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING

ITS NAME TO "BELL SPE CHANNELSIDE, LLC" ON THE THIRTIETH DAY OF

NOVEMBER, A.D. 2015, AT 11:12 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TENTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

Authentication: 10612753

Date: 12-14-15

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