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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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

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. \*\*

E-sil	Address:			
EWG11	AUGIT ESS.			

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

Certificate of Status	1
Certified Copy	1
Page Count	05
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S. YOUNG

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Corporate Filing Menu

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## **COVER LETTER**

SUBJECT: Bell CH Realty V Rive	mited Liability Company
_	miled Elabinty Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are s	submitted for filing.
Please return all correspondence concerning this ma	itter to the following:
Bruce Rich	
Name of Person	
Oak at Day a Did O	`D* 74
Schell Bray PLLC	<del></del>
Firm/Company	r Ç
230 North Elm Street, Suite 15	500
Address	
Greensboro, North Carolina 2	7401
·	7401
City/State and Zip Code	7401
·	7401
City/State and Zip Code	
City/State and Zip Code brich@schellbray.com E-mail address: (to be used for future annual repo	ort notification)
City/State and Zip Code  brich@schellbray.com  E-mail address: (to be used for future annual report  For further information concerning this matter, please	ort notification) se call:
City/State and Zip Code  brich@schellbray.com  E-mail address: (to be used for future annual report  For further information concerning this matter, please  Bruce Rich  at (	ort notification) se call: 336 370-8815
City/State and Zip Code  brich@schellbray.com  E-mail address: (to be used for future annual report  For further information concerning this matter, please  Bruce Rich  at (	ort notification) se call:
City/State and Zip Code  brich@schellbray.com  E-mail address: (to be used for future annual report  For further information concerning this matter, please  Bruce Rich  Name of Person	ort notification) se call: 336 370-8815 Area Code & Daytime Telephone Number
City/State and Zip Code  brich@schellbray.com  E-mail address: (to be used for future annual report  For further information concerning this matter, please  Bruce Rich  at (	ort notification) se call: 336 370-8815
City/State and Zip Code  brich@schellbray.com  E-mail address: (to be used for future annual report for further information concerning this matter, please Bruce Rich  Name of Person  STREET/COURTER ADDRESS: Registration Section Division of Corporations	ort notification)  se call:  336 370-8815  Area Code & Daytime Telephone Number  MAILING ADDRESS:  Registration Section  Division of Corporations
City/State and Zip Code  brich@schellbray.com  E-mail address: (to be used for future annual report for further information concerning this matter, please Bruce Rich  Name of Person  STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building	ort notification)  se call:  336 370-8815  Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
City/State and Zip Code  brich@schellbray.com  E-mail address: (to be used for future annual report  For further information concerning this matter, please  Bruce Rich  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations	ort notification)  se call:  336 370-8815  Area Code & Daytime Telephone Number  MAILING ADDRESS:  Registration Section  Division of Corporations

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: Bell CH Realty V Riverside, L.L.C.
Enter new principal office address, if applicable:
(Principal office address MUST RE A STREET ADDRESS)
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: M12000003387
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: June 14, 2012
SECTION II (5-9 complete only the applicable changes)
5 New rame of the limited lightlifty company. Bell SPE Riverside, 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 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.

8. If the amendment of	f the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:							
Title/ Capacity	Name	Address	Type of Action					
			Add					
			Remove					
			Remove T					
	·		Addie 55 6					
			Remove					
Market American Sections			Add					
		Name of the Control o	Remove					
		11	Add					
9. Attached is a certif	icate, if required: no more than 9	0 days old, evidencing the	Remove					
aforementioned am jurisdiction under t	he law of which this entity is org		the .					
		f the authorized representative						
	ste	Uew D. Be []						

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 THAT THE SAID "BELL CH REALTY V RIVERSIDE, L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BELL SPE RIVERSIDE, LLC" ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2015, AT 11:09 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 THAT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

Authentication: 10612723

Date: 12-14-15

5169614 8320 SR# 20151343314