

MI3000000389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

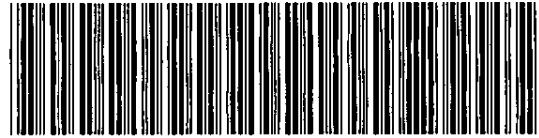
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400274790684

RECEIVED
DEPARTMENT OF COMMERCE
DIVISION OF REVENUE
15 AUG 20 PM 2:36
TO ADOPTED
SUFFICIENCY OF FILING

FILED
15 AUG 20 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FL 32304

AUG 21 2015
S. YOUNG

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

ACCOUNT NO. : I20000000195

REFERENCE : 753649 5138497

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 20, 2015

ORDER TIME : 12:32 PM

ORDER NO. : 753649-005

CUSTOMER NO: 5138497

FOREIGN FILINGS

NAME: TA ASSOCIATES REALTY 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: _____

FILED
15 AUG 20 AM 9:41
STATE OF FLORIDA
TALLAHASSEE, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TA Associates Realty 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:

Jen Syrmis

Name of Person

TA Realty LLC

Firm/Company

28 State Street, 10th Floor

Address

Boston, MA 02109

City/State and Zip Code

Syrmis@tarealty.com

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

For further information concerning this matter, please call:

Jen Syrmis

Name of Person

at (617) 476-2797

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

FILED
15 AUG 20 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: TA Associates Realty LLC
2. The Florida document number of this limited liability company is: M13000000389
3. Jurisdiction of its organization: MA
4. Date authorized to do business in Florida: 01/14/2013

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 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:

FILED
15 AUG 20 AM 9:41
TALLAHASSEE
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

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

The manager has been changed.

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|--------------------------------------|--------------------------------------|--|
| Manager | Realty Associates Advisors LLC | 28 State St., 10 th Floor | <input type="checkbox"/> Add |
| | | Boston MA 022109 | <input checked="" type="checkbox"/> Remove |
| | see attached listing of new managers | | <input checked="" 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

Scott L. Dalrymple

Typed or printed name of signee

Filing Fee: \$25.00

15 AUG 20 AM 9:41
FILED
CLERK OF SUPERIOR COURT
STATE OF MASSACHUSETTS
BOSTON

| | | |
|---------|---------------------|--------------------------------------|
| MANAGER | MICHAEL A. RUANE | 28 STATE STREET BOSTON, MA 02109 USA |
| MANAGER | JAMES O. BUCKINGHAM | 28 STATE STREET BOSTON, MA 02109 USA |
| MANAGER | THOMAS E. LANDRY | 28 STATE STREET BOSTON, MA 02109 USA |
| MANAGER | TOSHIHIKO KAZAMA | 28 STATE STREET BOSTON, MA 02109 USA |
| MANAGER | ATSUSHI NAKAJIMA | 28 STATE STREET BOSTON, MA 02109 USA |
| MANAGER | MASAKI SAKAGAWA | 28 STATE STREET BOSTON, MA 02109 USA |
| MANAGER | NAOKI KUWABARA | 28 STATE STREET BOSTON, MA 02109 USA |
| MANAGER | JUNJI INAGAWA | 28 STATE STREET BOSTON, MA 02109 USA |

FILED
15 AUG 20 AM 9:41
SECRETARY OF STATE
111 HAYES ST
BOSTON, MA 02109