

M13000000389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

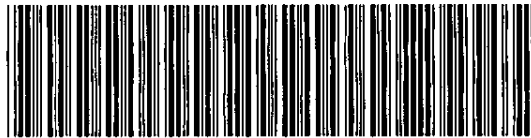
(Business Entity Name)

(Document Number)

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

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
15 AUG 20 PM 2:36  
TO APPROVE EDGE  
SUFFICIENCY OF FILING

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

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 : *[Signature]*  
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: \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jen Syrmis at ( 617 ) 476-2797  
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
- \$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: 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:

\_\_\_\_\_

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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 <sup>th</sup> Floor	<input type="checkbox"/> Add
		Boston MA 02109	<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

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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**

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

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T. L. SHANNON, JR., CLERK