

**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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**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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (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.\*\***

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

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NIH VI UPSILON HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED  
2016 APR 13 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2016 APR 13 A 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 14 2016  
D. BRUCE

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NIH VI Upsilon Holdings, 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:

**Licla Morad**

Name of Person

c/o Kirkland & Ellis

Firm/Company

300 N. LaSalle Street

Address

Chicago, IL 60654

City/State and Zip Code

dtillstrom@suncappart.com

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

**For further information concerning this matter, please call:**

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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: NIH VI UPSILON HOLDINGS, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address)  
MUST BE 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: M13000004340

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/10/2013

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

5. New name of the limited liability company: NIH VI Hey Holdings, 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

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

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2016 APR 13 A 9:00  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

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>
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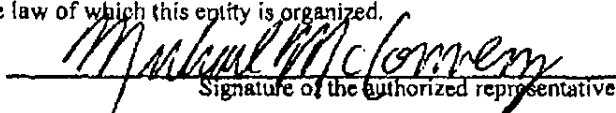
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9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Michael J. McConvery

Typed or printed name of signee

Filing Fee: \$25.00

FILED  
2016 APR 13 9:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NIH VI UPSILON  
HOLDINGS, LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME  
TO "NIH VI HEY HOLDINGS, LLC" ON THE THIRTIETH DAY OF MARCH,  
A.D. 2016, AT 2:01 O'CLOCK P.M.



5355437 8320  
SR# 20162261080

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202138381  
Date: 04-13-16