M1300000520°

(Re	questor's Name)	
DA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(, · · · ·	
(Do	cument Number)	1
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	-
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Office Use Only



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JUN 2 7 2019 S. YOUNG

COVER LETTER

Divis	sion of Corp	orations			
SUBJECT:	COLUMI	NAR PARTNERSI	HIP HOLDII	NG I, L	LC
		Name of Foreign	Limited Liabili	ty Compa	ny
Dear Sir or M	Madam:				
The enclosed	l application	certificate and fee(s) ar	e submitted for	filing.	
Please return	all correspo	ndence concerning this	matter to the fo	llowing:	
DONN	A BUS	SH			
	N	ame of Person			
COLU	MNAR				
	F	rm/Company	<u> </u>		
835 N.	CON	GRESS AVE			
		Address			
EVAN:	SVILLE	E, IN 47715			
	C	ity/State and Zip Code			
TBIAD	MIN@	TRAYLOR.C	COM		
		used for future annual re		ın)	
For further is	aformation c	oncerning this matter, pl	ease call:		
	A BUS	SH .		477-	1542
	Name of	·			Telephone Number
Regis Divis Clifto 2661	EET/COUR stration Sectsion of Corpo on Building Executive C thassee, Flori	orations Center Circle		Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314
Enclosed is :		he following amount: § \$30 Filing Fee & Certificate of Status	S55 Filing		S60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

TO:

Registration Section

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 of		
State: COLUMNAR PARTNERSHIP	HOLDING I, LLC	
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		19 July -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		17 PH 5: 47
2. The Florida document number of this limited liability	ity company is: M1300	00005209
3. Jurisdiction of its organization: INDIANA		
4. Date authorized to do business in Florida: 08/16	5/2013	
SECTION II (5-9 complete only the applicable cha	inges)	
5. New name of the limited liability company: (must co	ontain "Limited Liability (Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted fo copy of the written consent of the managers or manag must contain "Limited Liability Company," "L.L.C."	ing members adopting the	
6. If amending the registered agent and/or registered or registered agent and/or the new registered office address.		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	rida Street Address
		, Florida
	City	Zip Code
New Registered Agent's Signature, it changing Regis I hereby accept the appointment as registered agent a		pacity. I further agree to comply with

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.

Title/ Capacity	<u>Name</u>	Address	Type of Action
MGR	COLUMNAR HOLDINGS, LLC	5956 SHERRY LANE, STE. 100 DALLAS, TX 75254	00 <u> </u>
			Remov
MGR	CH II WITHERS, LLC	5956 SHERRY LANE, STE. 100	00 Add
			Remov
			Add
,			Remov
			Add
			Remove
			Add
			Remov

Typed or printed name of signee