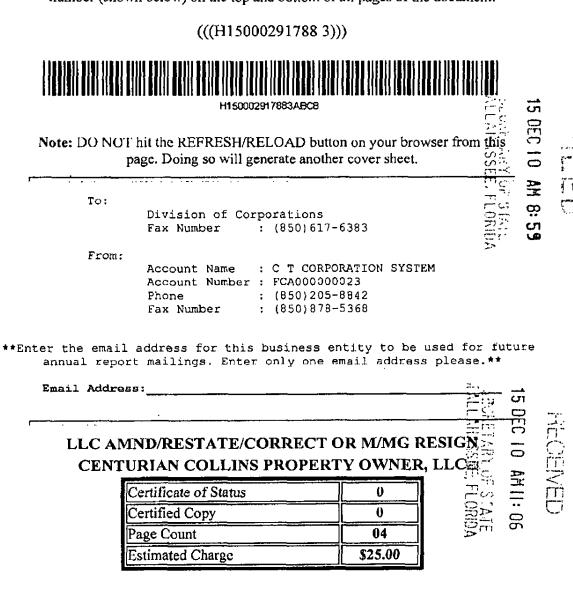
Division of Corporations Electronic Filing Cover Sheet

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.



Electronic Filing Menu

Corporate Filing Menu

Help

DEC 1 1 2015

Y SULKER

COVER LETTER

| Division of Corporations | |
|--|--|
| SUBJECT: Centurian Collins | s Property Owner, LLC |
| | oreign Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed application, certificate and f | ee(s) are submitted for filing. |
| Please return all correspondence concerni | ng this matter to the following: |
| Diane Richardson | |
| Name of Person | · · · · · · · · · · · · · · · · · · · |
| Rockpoint Group | |
| Firm/Company | |
| 3953 Maple Avenue, Sui | ite 300 |
| Address | |
| Dallas, Texas 75219 | |
| City/State and Zip | Code |
| drichardson@rockpointg | roup.com |
| B-mail address: (to be used for future as | , |
| | |
| For further information concerning this m | atter, please call: |
| Diane Richardson | _{at} (972) 973-7423 |
| Name of Person | Area Code & Daytime Telephone Number |
| | |
| STREET/COURIER ADDRESS | |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Cliffon Building | P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 |
| Enclosed is a check for the following am | |
| 325 Filing Fee 330 Filing Fee | |
| Certificate of St | atus Certified Copy Certificate of Status & Certified Copy |
| W (M/155 10/155 | |

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)

| Name of limited liability Company as it appears State: Centurian Collins Property | • | | |
|---|---|---------------------------------|--|
| Enter new principal office address, if applicable: | Not applicable | | |
| (Principal office address MUST BE A STREET ADDRESS) | • | | |
| Enter new mailing address, if applicable: | | | <u></u> |
| (Mailing address MAY BE A POST OFFICE BOX) | Not applicable | |)30 |
| | | 1933 1933 | 0 |
| 2. The Florida document number of this limited lie | ability company is: M1300006813 | | Æ |
| 3. Jurisdiction of its organization; Delaware | | | 8. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. |
| 4. Date authorized to do business in Florida: 10 | /28/13 | 774 | |
| SECTION II (5-9 complete only the applicable | | | |
| 5. New name of the limited liability company: (mus | st contain "Limited Liability Company, " "L.L.C | or "LLC." | ^ب |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L. | naging members adopting the alternate name. T | da and attach he alternate n | a ame |
| 6. If amending the registered agent and/or register registered agent and/or the new registered office a | | c of the new | |
| Name of New Registered Agent: | | | - |
| New Registered Office Address: | Enter Florida Street Address | ı | • |
| | , Florids | | |
| | 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.

| itle/ Capacity | Name | Address Type of Action |
|----------------|--|---|
| Maging Number | Ron J. Hoyl | 3953 Maple Avenue, Suite 300, Dellas, Texas 75219 |
| | · | Mitch Hochberg - 184 Kent Avenue, Brooklyn, NY 11249 |
| | · · · · · · · · · · · · · · · · · · · | Add |
| | | Remov |
| | | Add |
| · | | Remove |
| | | Add C |
| | | Remove |
| · | | 08: 55 |
| | | Remove |
| | certificate, if required: no more that | an 90 days old, evidencing the ed by the official having custody of records in the |

Filing Fee: \$25.00