


FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300305630323

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E041 (1/14)									
DOCUMENT # M13000006813													
1. Limited Liability Company's Name Centurian Collins Property Owner, LLC													
2. Principal Office Address - No P.O. Box # 3953 Maple Avenue Suite Apt # etc. Suite 300 City & State Dallas Texas Zip 75219		3. Mailing Office Address 3953 Maple Avenue Suite Apt # etc. Suite 300 City & State Dallas Texas Zip 75219		4. State/Country of Formation Delaware 5. Date Organized or Qualified To Do Business in Florida October 28, 2013 6. FEI Number 46-4075236 Applied For Not Applicable									
Country USA		Country USA		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>									
8. Name and Address of Current Registered Agent Name United Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 9200 S Dadeland Blvd Suite Apt # Etc Suite 508 City Miami State FL Zip Code 33156													
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent _____ Date _____ REGISTERED AGENT MUST SIGN													
10. Names and Street Addresses of Authorized Representatives/Managers <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Authorized Representatives/Managers</th> <th>Street Address of Each Authorized Representative/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Board Member</td> <td>Spencer Raymond</td> <td>500 Boylston, 21st Floor</td> <td>Boston, MA 02116</td> </tr> </tbody> </table>						Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip	Board Member	Spencer Raymond	500 Boylston, 21st Floor	Boston, MA 02116
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip										
Board Member	Spencer Raymond	500 Boylston, 21st Floor	Boston, MA 02116										
11. E-mail Address <u>mclevenger@rockpointgroup.com</u> (To be used for future annual report notifications)													
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager <u>[Signature]</u> Date <u>11/9/17</u> Daytime Phone # <u>972-934-7400</u> Typed or printed name of signing Authorized Representative/Manager <u>Spencer Raymond</u>													

RE 11/13/17

Signature Only

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CENTURIAN COLLINS PROPERTY OWNER, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

3953 Maple Avenue, Suite 300

Dallas, Texas 75219

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3953 Maple Avenue, Suite 300

Dallas, Texas 75219

10/28/2013

M13000006813

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

UNITED CORPORATE SERVICES, INC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

9200 S DADELAND BLVD SUITE 508

MIAMI, FL 33156

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X Signature of a member or authorized representative of a member

Spencer Raymond, Board Member

Printed or typed name of signer

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.

By: C T Corporation System
Signature of Registered Agent

Angel Shearer **Angel Shearer**
Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

CT CORP**3458 Lakeshore Drive, Tallahassee, FL 32312****850-656-4724**

Date: 11/13/2017

ACCT. I20160000072

en: 12/11

Name:	Centurian Collins Property Owner, LLC (DE)
Document #:	
Order #:	10712612

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ ~~328.75~~ 238.75

Thank you!