


FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300305630323

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. THUR NOV 15 1:49 PM

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M13000006813					
1. Limited Liability Company's Name Centurian Collins Property Owner, LLC					
2. Principal Office Address - No P.O. Box # 3953 Maple Avenue		3. Mailing Office Address 3953 Maple Avenue		4. State/Country of Formation Delaware	
Suite Apt # etc Suite 300		Suite Apt # etc. Suite 300		5. Date Organized or Qualified To Do Business in Florida October 28, 2013	
City & State Dallas Texas		City & State Dallas Texas		6. FEI Number 46-4075236	
Zip 75219	Country USA	Zip 75219	Country USA	Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				35.00 Additional fee required for this filing (initial filing)	
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					
Title Board Member	Name of Authorized Representatives/Managers Spencer Raymond	Street Address of Each Authorized Representative/Manager 500 Boylston, 21st Floor		City / State / Zip Boston, MA 02116	
11. E-mail Address <u>mclevenger@rockpoint group.com</u> <small>(To be used for future annual report notifications)</small>					
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				Date 11/9/17	
Typed or printed name of signing Authorized Representative/Manager Spencer Raymond				Daytime Phone # 972-934-7400	

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) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3953 Maple Avenue, Suite 300 Dallas, Texas 75219 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3953 Maple Avenue, Suite 300 Dallas, Texas 75219

3. Date of filing/registration in Florida 10/28/2013 4. Document number M13000006813

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. I2016000072

Eric DW

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!