5/9/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

**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 CENTURIAN COLLINS PROPERTY OWNER, LLC

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1/1

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)

State: Centurian Collins Property Owner, LLC	
Enter new principal office address, if applicable:	Not Applicable
Principal office address MUST BE A STREET ADDRESS)	
inter new mailing address, if applicable: <u>Mailing uddress</u> <u>MAY BE A POST OFFICE BON</u>	Not Applicable
ATT DO ATTOCK NOW	
. The Florida document number of this limited lin	ability company is: M13000006813
Jurisdiction of its organization: Delaware	
Date authorized to do business in Florida:	28/13
SECTION II (5-9 complete only the applicable	
	-
(mus	st contain "Limited Liability Company," "L.L.C.," or "LLC."
If name unavailable, enter alternate name adopted topy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.6	d for the purpose of transacting business in Florida and attach maging members adopting the alternate name. The alternate n. C." or "LLC.")
i. If amending the registered agent and/or registers egistered agent and/or the new remstered office a	ed officer address on our records, enter the name of the new ddress here:
Vaine of New Registered Agent:	
New Registered Office Addicss:	
New Registered Office Addicss:	Enter Florida Street Address , Florida City: Zip Code

document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been noufied in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

8. If the emendment changes person, little or capacity in accordance with £05.0902 (1Xe), indicate that change:						
Tule/Capacity	Name	Address	Type of Action			
Board Member	Spencer Raymond	500 Boylston St. #1880, Boston MA 02116				
		To the state of th	Remove			
			9 MAY PONES			
			Remore Fill Add 9: 35			
			Remove			
			Add			
atotettention	under the law of which this entity is organ	The officeal basis or acceptance of	Remove			

Filing Fee: \$25.00