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| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Business Entry Name) | | | | | |
| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION

SECRETARY OF STATE

DEC 9 5014



ACCOUNT NO. : I2000000195

REFERENCE: 410433 4304512

AUTHORIZATION

COST LIMIT :

ORDER DATE: December 5, 2014

ORDER TIME : 3:27 PM

ORDER NO. : 410433-025

CUSTOMER NO: 4304512

FOREIGN FILINGS

NAME: HYPERION HOMES REALTY FLORIDA,

LLC

| CORPORATE LIMITED PARTNERSHIP | | | | | | | |
|---|--|--|--|--|--|--|--|
| XX LIMITED LIABILITY COMPANY | | | | | | | |
| XXXX AMENDMENT | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | | | | | |
| CONTACT PERSON: Courtney Williams EXT# 62935 | | | | | | | |

EXAMINER:

COVER LETTER

TO:

Registration Section

| Divis | sion of Corporations | | | | |
|--|---|---------------------------------------|---|---------------------|--|
| SUBJECT: | Hyperion Homes Realty Florida, LLC | ; | | | |
| o o o o o o o o o o o o o o o o o o o | Name of Foreign Limited Liability Company | | | | |
| Dear Sir or N | √adam: | | • | | |
| The enclosed | I application, certificate and fee(s) ar | e submitted fo | or filing. | | |
| Please return | all correspondence concerning this | matter to the t | following: | | |
| Sharon Park | · | | | - | |
| | Name of Person | | • | | |
| Home Partne | ers of America, Inc. | | | | |
| | Firm/Company | | • | | |
| 2 North Rive | rside Plaza, Sulte 1250 | | | | |
| | Address | · · · · · · · · · · · · · · · · · · · | • | | |
| Chicago, IL 6 | 50606 | | | | |
| | City/State and Zip Code | | - | | |
| spark@home | epartners.com | | | | |
| E-mail add | dress: (to be used for future annual r | eport notificat | tion) | | |
| For further i | nformation concerning this matter, p | lease call: | | | |
| Sharon Park | | 312 | 780-163 | 32 | |
| | Name of Person | Area Code | & Daytin | ne Telephone Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | , | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & Certificate of Status CR2E055 (12/13) | | 🗆 \$55 Filin | □ \$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certified Copy | | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed) 1. Name of limited liability Company as it appears on the records of the Florida Department State: Hyperion Homes Realty Florida, LLC 2. Jurisdiction of its organization: 3. Date authorized to do business in Florida: 11/14/2013 SECTION II (4-7 complete only the applicable changes) Home Partners Realty Florida LLC 4. New name of the limited liability company: (must contain "Limited Liability Company, " "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.") 5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: 6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:_ 7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. Sharon S. Park Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HYPERION HOMES REALTY

FLORIDA, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "HOME PARTNERS REALTY FLORIDA LLC", THE TWENTY-NINTH DAY

OF SEPTEMBER, A.D. 2014, AT 5:53 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

14 DEC -8 PH L: 50
SECRETARY OF STATE
TALLAHASSEE, FLORING

5425166 8320

141495572

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 1928729

DATE: 12-05-14

You may verify this certificate online at corp.delaware.gov/authver.shtml