

M/3000007535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 07 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWAY Management, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harman Ratia

Name of Person

Waypoint HOmes

Firm/Company

1999 Harrison St FL 24

Address

Oakland CA 94612

City/State and Zip Code

harman.ratia@colonystarwood.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harman Ratia

Name of Person

at (510) 825-2462

Area Code & Daytime 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

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SWAY Management, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000007535

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/2/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Colony Starwood Homes Management, LLC
(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.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

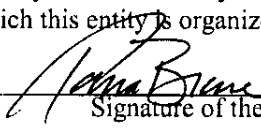
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE

9. Attached is a 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.



Signature of the authorized representative

Tamra Browne

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SWAY MANAGEMENT LLC", CHANGING ITS NAME FROM "SWAY MANAGEMENT LLC" TO "COLONY STARWOOD HOMES MANAGEMENT, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2016, AT 12:24 O'CLOCK P.M.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5347788 8100
SR# 20161761339

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202016693
Date: 03-21-16

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
SWAY MANAGEMENT LLC

1. The name of the limited liability company is SWAY Management LLC.
2. The Certificate of Formation of the limited liability company is hereby amended by striking out Article 1 thereof and substituting in lieu of said Article 1 the following new Article 1:

1. The name of the limited liability company formed hereby is Colony Starwood Homes Management, LLC (the "Company").

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 17th day of March, 2016.

**COLONY STARWOOD
HOMES PARTNERSHIP, L.P.,**
its sole member

By: Colony Starwood Homes GP, Inc.,
its General Partner

By: Fred Tuomi
Name: Fred Tuomi
Title: Chief Executive Officer

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DELAWARE