

10/6/2017

Division of Corporations

M1300008027  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
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**\*\*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  
MONOGRAM RESIDENTIAL DELRAY II PROJECT OWNER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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FILED

17 OCT -6 AM 9:12

DIVISION OF CORPORATIONS

2017 OCT -6 PM 3:05

TALLAHASSEE, FLORIDA

# 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: Monogram Residential Delray II Project Owner, LLC

Enter new principal office address, if applicable: 18 Broad Street, Suite 300

(Principal office address  
MUST BE A STREET ADDRESS) Charleston, SC 29401

Enter new mailing address, if applicable: 18 Broad Street, Suite 300

(Mailing address  
MAY BE A POST OFFICE BOX) Charleston, SC 29401

2. The Florida document number of this limited liability company is: M13000068027

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/19/2013

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

5. New name of the limited liability company: GS Delray II Project Owner, 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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

Florida 33324

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.*

**James M. Halpin**

Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent



# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MONOGRAM RESIDENTIAL  
DELRAY II PROJECT OWNER, LLC", FILED A CERTIFICATE OF AMENDMENT,  
CHANGING ITS NAME TO "GS DELRAY II PROJECT OWNER, LLC" ON THE  
NINETEENTH DAY OF SEPTEMBER, A.D. 2017, AT 7:02 O'CLOCK P.M.



5451596 8320  
SR# 20176500301

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203351950  
Date: 10-05-17