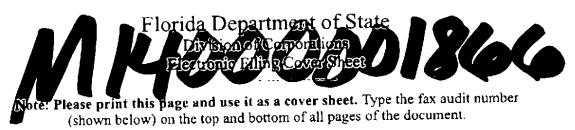
5/2/2019

Division of Corporations



(((H19000146544 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : 120020000144 Phone : (305)520-2344 Fax Number : (305)520-2400

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 DT MIAMI LLC

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| \$25.00 |
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Electronic Filing Menu

Corporate Filing Menu

Help

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MAY 3 1 2019

COVER LETTERS

| TO: Registration Section Division of Corporations | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| SUBJECT: DT MIAMI LLC | |
| 30D3CC1, | Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed application, certificate and fee(s) ar | e submitted for filing. |
| Please return all correspondence concerning this | matter to the following: |
| KOLLEEN COBB | |
| Name of Person | |
| | |
| Firm/Company | - |
| 700 NW 1ST AVE, SUITE | 1620 |
| Address | |
| MIAMI, FL 33136 | |
| City/State and Zip Code | |
| KOLLEEN.COBB@FECI. | |
| E-mail address: (to be used for future annual re | eport notification) |
| For further information concerning this matter, p | |
| BRIANNA HERNANDEZ | |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | - |
| Enclosed is a check for the following amount: \$\begin{align*} \text{ \$\text{S} \$525 Filing Fee} & \text{ \$\text{Certificate of Status} \end{align*} | S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy |
| CD SEACC (OULC) | |

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: DT MIAMI LLC | 700 NW 1st Ave | nue, Suite 1620 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Enter new principal office address, if applicable: | Miami, FL 33136 | |
| (<u>Principal office address</u> MUST BE A STREET ADDRESS) | | |
| Para constitute address (Caraticalds) | 700 NW 1st Ave | nue, Suite 1620 |
| Enter new mailing address, if applicable: (Mailing address | Miami, FL 33136 | · · · · · · · · · |
| MAY RE A POST OFFICE BOX | 111111111111111111111111111111111111111 | |
| 2. The Florida document number of this limited lie | .hilipy company is: M14 | 000001866 |
| | ionny company is. | |
| 3. Jurisdiction of its organization: Delaware | | م ـــزـــــــــــــــــــــــــــــــــ |
| 4. Date authorized to do husiness in Florida: 03/ | 20/2014 | <u> </u> |
| SECTION II (5-9 complete only the applicable | changes) | |
| 5. New name of the limited liability company:(mus | τ contain "Limited Liabili | ty Company, " "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C | naging members adopting | cting business in Florida and attach a the alternate name. The alternate name |
| 6. If amending the registered agent and/or registere registered agent and/or the new registered office a | ed officer address on our r ddress here: | ecords, unter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: 700 NW 1s | st Avenue, Suite 1 | 620 Florida Street Address |
| | ami | e (Oriau Sireet Address |
| | Ciţv | _, Florida 33136 Zip Code |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the | nt and agree to act in this and complete performand ered agent as provided fo in the registered office ad | ce of my duties, and I am familiar with r in Chapter 605, F.S. Or, if this |

| 8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change: | | | | | |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Title/ Capacity | Name | Addiess | Type of Action | | |
| 1P, S | Kolleen O.P. Cosb | 100 KW 154 A.E., SUITE | 1620 DAdd | | |
| | | Hami, FL 33131 | Remov | | |
| P, T, AS | Town Godon - | Joo NW 15ther sinte | 1650 DXQ9 | | |
| | | Migni FL 33136 | Remov | | |
| JP. | Havricia H. Anderson | 700 DU 13" Ave, Sufe | 1620FAdd | | |
| | | Miami, FC 33136 | Remov | | |
| | <u> </u> | | | | |
| | | | \ \alpha | | |
| aforementio | a certificate, if required: no more than 90 ned amendment(s), duly authenticated by under the law of which this entity is organized by Spantire of | the official having custody of records in | the 42 | | |

Filing Fee: \$25.00