Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000303190 3)))



From: Account Name : FLAGLER DEVELOPMENT GROUP, LLC Account Number : I20020000144 Phone : (305)520-2344 Fax Number : (305)520-2400 The email address for this business entity to be used for future.	To:	Division of Corporations Fax Number : (850)617-6383
Account Name : FLAGLER DEVELOPMENT GROUP, LLC Account Number : I20020000144 Phone : (305)520-2344 Fax Number : (305)520-2400 The email address for this business entity to be used for future.	r.	• •
the email address for this business entity to be used for future property and lines. Enter only one email address please.**	TTORE.	Account Number : I20020000144 Phone : (305)520-2344
musi report mailings, theer only one email address predser	the em	mail address for this business entity to be used for fut eport mailings. Enter only one email address please.**
mail Address:	nail Ad	dress:

Electronic Filing Menu

Page Count

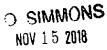
Estimated Charge

Corporate Filing Menu

Help

04

\$25.00



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: FLL Propert	y Venture	s LLC		
	me of Foreign L		ility Compa	ay
Dear Sir or Madam:				
The enclosed application, certifica	te and fec(s) are	submitted f	for filing.	
Please return all correspondence c	onc ern ing this n	natter to the	following:	
Jessica Perez				
Name of P	crson			
Firm/Com	pany			
117 NE 1st Avenue	, 11th Flo	or	_	
Addre	SS		_	
Miami, FL 33132				
City/State	and Zip Code		-	
kolleen.cobb@feci.	com			
E-mail address: (to be used for		port notifica	ition)	
For further information concerning	a this matter al	esco call:		
Jessica Perez	g ans matter, pr	_305	,520-2	2366
Name of Person	a	.i (_/	e Telephone Number
STREET/COURIER AT Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	rele		Registra Division P.O. Bo	NG ADDRESS: ation Section to of Corporations x 6327 ssee, Florida 32314
	wing amount: ling Fee & cate of Status		ing Fee & ed Copy	S60 Filing Fee, Certificate of Status & Certified Copy

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

SECTION 1 (1-4 must be completed)

		<u> </u>	,	jo
Enter new principal office address,	if applicable:			
Principal office address				<u> </u>
<u>MUST BE A STREET ADDRESS</u>)				<u> </u>
Enter new mailing address, if applic	:able:			
Mailing address			-	***************************************
MAY BE A POST OFFICE BOX				
2. The Florida document number of	this limited lia	bility company	is: M1400000	4587
3. Jurisdiction of its organization:	Delaware			
4. Date authorized to do business in	n Florida: <u>06/</u>	27/2014		
SECTION 11 (5-9 complete only t				
5. New name of the limited liabilit		-		
	(mus	t contain "Limit	ed Liability Compa	iny, " "L.L.C.," or "LLC.")
				71 11 d
(If name unavailable, enter alternate copy of the written consent of the n	nanagers or mai	naging member	s adopting the alten	ness in Florida and attach a nate name. The alternate na
must contain "Limited Liability Co	mpany," "L.L.C	C." or "LLC.")		
6. If amending the registered agent	and/or registers	ed officer addre	ss on our records e	nter the name of the new
registered agent and/or the new reg	istered office a	ddress_here;	39 OH OM TECOTAS, E	OVER DISCHARACE ALTERIALIZATION
	Kolleen O.	P. Cobb		
Name of New Registered Agent:				
Name of New Registered Agent:	117 NE 1s	st Avenue,	11th Floor	
Name of New Registered Agent:			Enter Florida S	
Name of New Registered Agent:		iami	Enter Florida S	treet Address Florida 33132 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.

3. If the am e nd	lment changes person, title or capacity in ac	ccordance with 605.0902 (1)(e), indicate	that change:
- litle/ Capacity	<u>Name</u>	∆ddress	Type of Action
NP	Singler, Maistrall Bruce	117 NE 1ST AVE 11th P	∟ ∏Add
		Mami, FL 3313	Remov
10	Anderson, Mauricia H.	117 NE 1st Hue, 11th	FL MAdd
		410m - FL 33132	Remov
·· 	·		Add
			Remove
			Add
			Remove
			Remov
aforem e nt	s a certificate, if required: no more than 90 ioned amendment(s), duly authenticated by n under the law of which this entity is organized.	y the official having custody of records i	n thc

Filing Fee: \$25.00