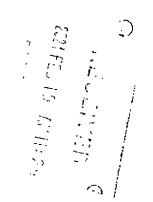
M1400000 \$485

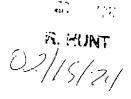
Office Use Only



700423979047







1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500		100 mg/s 100
ACCOUNT NO. REFERENCE	: I2000000195 :	9 ///10:25
AUTHORIZATION COST LIMIT	\$125.00 Resa	
ORDER DATE : 2/19/2024		
ORDER TIME :		
ORDER NO. :		
CUSTOMER NO:		
^	-	
FOREIGN F	<u>ILINGS</u>	
NAME: Progress Residential P	Property Manager, LLC	
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPAN	Y	
XXXX AMENDMENT		
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	ANDING	
CONTACT PERSON: ALEXXIS WEILAN	ND-SORENSON	
E	XAMINER:	

CORPORATION SERVICE COMPANY

COVER LETTER

Division of Corporations PROGRESS RESIDENTIAL PROPERTY MANAGER, LLC SUBJECT: 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: ROBYN MOLINE Name of Person PROGRESS RESIDENTIAL, LLC Firm/Company P.O. BOX 4090 Address SCOTTSDALE, AZ 85261 City/State and Zip Code rmoline@progressresidential.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBYN MOLINE Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$30 Filing Fee & ■ \$25 Filing Fee □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

CR2E055 (12/14)

TO:

Registration Section

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)

*1910°	LI.C
State: PROGRESS RESIDENTIAL PROPERTY MANAGER,	rt
2. The Florida document number of this limited liability compa	any is: M14000008485
	٠.
3. Jurisdiction of its organization: DELAWARE	
4. Date authorized to do business in Florida: 11/25/2014	· · · · · · · · · · · · · · · · · · ·
SECTION II (5-9 complete only the applicable changes)	1.51 (m) 25 - 1.51 E
5. New name of the limited liability company:	
(must contain "Limi	ted Liability Company, ""L.L.C.," or "LLC.")
 If amending the registered agent and/or registered office add the new registered agent and/or the new registered office addre 	
New Registered Office Address:	
New Registered Office Address:	er Florida Street Address
New Registered Office Address:	
New Registered Office Address:	er Florida Street Address , Florida Zıp Code
·	Florida Zip Code ant: to act in this capacity. I further agree and complete performance of my position as registered agent as filed to merely reflect a change in the
New Registered Office Address: City New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the proper duties, and I am familiar with and accept the obligations of my provided for in Chapter 605, F.S. Or, if this document is being registered office address, I hereby confirm that the limited liab writing of this change.	Florida Zip Code ant: to act in this capacity. I further agree and complete performance of my position as registered agent as filed to merely reflect a change in the
New Registered Office Address: City New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the proper duties, and I am familiar with and accept the obligations of my provided for in Chapter 605, F.S. Or, if this document is being registered office address, I hereby confirm that the limited liab writing of this change.	Top Code Int: to act in this capacity. I further agree and complete performance of my position as registered agent as filed to merely reflect a change in the ility company has been notified in

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Title/ Capacity <u>Name</u> Address Type of Action Member Denise Frank 7500 N. Dobson Rd., Suite 300 □ Add 7500 N. Dobson Rd., Suite 300 ■ Remove Member John Breaux 7500 N. Dobson Rd., Suite 300 □ Add Scottsdale, AZ 85256 ■ Remove Member Jean Joyce 7500 N. Dobson Rd., Suite 300 □ Add Scottsdale, AZ 85256 ■ Remove Member Kira Maynard 7500 N. Dobson Rd., Suite 300 □ Add Scottsdale, AZ 85256 ■ Remove □ Add ■ Remove 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 TERENCE MCNALLY

Filing Fee: \$25.00

Typed or printed name of signee