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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: April 29, 2015 ORDER TIME : 8:47 AM ORDER NO. : 610635-010 CUSTOMER NO: 7490443 FOREIGN FILINGS NAME: NRS NEWCO, LLC CORPORATE _ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--|------------------------------------|---|
| SUBJECT: NRS NEWCO, LLC | | | |
| Name of Foreign | n Limited Liabi | lity Compa | ny |
| Dear Sir or Madam: | | | |
| The enclosed application, certificate and fec(s) a | are submitted fo | or filing. | |
| Please return all correspondence concerning this | matter to the f | ollowing: | |
| Joelle Labrecque | | | |
| Name of Person | | | |
| NorthStar Asset Manageme | nt Inc. | | |
| Firm/Company | | | |
| 399 Park Avenue, 18th Floo | r | | |
| Address | | | |
| New York, NY 10022 | | | |
| City/State and Zip Code | | | |
| jlabrecque@nsamgroup.con | า | | |
| E-mail address: (to be used for future annual r | | on) | |
| | | | |
| For further information concerning this matter, p | | E 47 0 | |
| Joelle Labrecque | at $(\underline{Z}^{\dagger}\underline{Z}_{})$ | 547-2 | 683 Telephone Number |
| Name of Person | Area Code & | & Daytime | Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | Registrati Division P.O. Box | ion Section of Corporations 6327 ee, Florida 32314 |
| Enclosed is a check for the following amount: \$\Bigsim \frac{\$25\text{ Filing Fee}}{\text{Certificate of Status}}\$ | S55 Filing Certified C | | ☐ \$60 Filing Fee. Certificate of Status & Certified Copy |
| CR2E055 (12/14) | | | |

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)

| Name of limited liability Co. | ompany as it appears on the records o | f the Florida Department of |
|--|---|--|
| State: NRS NEWCO |), LLC | |
| | of this limited liability company is: M | 15000001766 |
| 3. Jurisdiction of its organization: | Delaware | |
| 4. Date authorized to do business i | in Florida: 03/06/2015 | |
| SECTION II (5-9 complete only to | | |
| 5. New name of the limited liabilit | ty company: NorthStar Realty | Securities, LLC |
| | (must contain "Limited Liability | Company, ""L.L.C.," or "LLC.") |
| consent of the managers or managing members Company." "L.L.C." or "LLC.") 6. If amending the registered agent | pted for the purpose of transacting business in Flos adopting the alternate name. The alternate name and/or registered office address on our new registered office address here: Enter Florida Streen | must contain "Limited Liability ir records, e <u>nter the name of</u> |
| | Cin | , Florida |
| comply with the provisions of all sta duties, and I am familiar with and a provided for in Chapter 605, F.S. C | , if changing Registered Agent: registered agent and agree to act in tautes relative to the proper and compacted the obligations of my position of this document is being filed to me confirm that the limited liability comp | plete performance of my as registered agent as erely reflect a change in the |

| itle/ Capacity | <u>Name</u> | <u>Address</u> | Type of Action |
|------------------|---|---|-----------------------------------|
| | | | |
| | | | ☐ Remove |
| | | | Add |
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| | | | ☐ Remove |
| | | | Add |
| | | | □ Remove |
| aforementioned a | mendment(s), duly authentica the law of which this entity is | nan 90 days old, evidencing the ted by the official having custods organized. | SECREMARY OF STATALLARASSEE, FLOR |

Filing Fee: \$25.00

Typed or printed name of signee

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NRS NEWCO, LLC",

FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "NORTHSTAR

REALTY SECURITIES, LLC", THE TWELFTH DAY OF MARCH, A.D. 2015, AT

6:20 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

5700412 8320

150586002

Jeffrey W. Bullock, Secretary of State
AUTHENTY CATION: 2334015

DATE: 04-29-15

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