M15000003212

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2019 AUG 12 AH 10: 2

FILED

T GLASS AUG 1 3 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	;	1200000	00195		
	REFERENCE	:	877331	8038825		
	AUTHORIZATION	: 6		a		
	COST LIMIT	9	pression	ena		
ORDER DATE	: August 9, 2019					·
ORDER TIME	: 9:11 AM					
ORDER NO.	: 877331-010					
CUSTOMER NO	: 8038825					
		- -	- 			
	FOREIGN F	LIN	<u>GS</u>			2019
NAME	: PROGRESS RESI BORROWER, LLC		IAL 201	5-2	·- ·	AUG 12
	RATE ED PARTNERSHIP ED LIABILITY COMPAN	ľΥ			• • • • • • • • • • • • • • • • • • •	AH 10: 27
XXXX AMENDM	ENT					
PLEASE RETU	RN THE FOLLOWING AS	PRO	OF OF F	LING:		
XX PLA	FIFIED COPY IN STAMPED COPY FIFICATE OF GOOD ST.	'ANDI	٧G			
CONTACT PER	SON: Roxanne Turne	r	EXT# 62	2969		

EXAMINER: _____

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Progress Residentia			er, LLC		
Name of Foreign	Limited Liability	y Company			
Dear Sir or Madam:					
The enclosed application, certificate and fee(s) a	re submitted for	filing.			
Please return all correspondence concerning this	matter to the following	lowing:			
Robyn Moline					
Name of Person					
Progress Residential, LLC					
Firm/Company					
7500 N. Dohoon Dd. Cuito 3	200				
7500 N. Dobson Rd., Suite 3	<u> </u>				
Addiess					
Scottsdale, AZ 85256			-	2019	
City/State and Zip Code			•	2019 AUG 12	
rmoline@progressresidentia	l.com		• • *	. 12	
E-mail address: (to be used for future annual re	eport notification	1)		2	0,0
For firsther in formation and it is the second				AH 10: 2	
For further information concerning this matter, p		450.04	40	. 7	
	at (459-24			
Name of Person	Area Code &	Daytime Te	lephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registration Division of P.O. Box 63	Corporations		
Enclosed is a check for the following amount: \$\Bigsim \\$25 \text{ Filing Fee } \Bigsim \\$30 \text{ Filing Fee & Certificate of Status}	\$55 Filing F] \$60 Filing Fee, Certificate of Statu Certified Copy	ıs &	

CR2E055 (9/15)

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 appear	s on the records of the Florida Department of
State: Progress Residential 2015-	2 Borrower, LLC
Enter new principal office address, if applicable:	7500 N. Dobson Rd., Suite 300
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Scottsdale, AZ 85256
Enter new mailing address, if applicable: (Mailing address)	Attn: Legal Dept.
MAY BE A POST OFFICE BOX)	P.O. Box 4090
	Scottsdale, AZ 85261
2. The Florida document number of this limited lia	bility company is: M15000003272
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 4/2	28/2015 Schanges)
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: P	rogress Residential Borrower 9, LLC
(mus	t contain "Limited Liability Company," "L.L.C.," or "LLC.")
copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.L.C	,
 It amending the registered agent and/or registered registered agent and/or the new registered office ac 	d officer address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida
New Parietared Agent's Cignoture (Fahancias Da	•
the provisions of all statutes relative to the proper and accept the obligations of my position as registe	gistered Agent: It and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

liability company has been notified in writing of this change.

an ament	ment changes person, thie or capacity in	accordance with 605.0902 (1)(e), indicate the	at change:
itle/ Capacity	Name	<u>Address</u>	Type of Action
Member	Progress Residential 2015-2 Equity Owner, LLC	7500 N. Dobson Rd., Suite	300 □ Add
		Scottsdale, AZ 852	256 Remove
lember	Progress Residential Equity Owner 9, LLC	7500 N. Dobson Rd., Suite	300 ■ Add
		Scottsdale, AZ 852	56 _{□ Remove}
_			Add
			Renterve
			Ai () Add—2
		****	Remove
 -			Add
			Remove
aforemention	nder the law of which this entity is organ	the official having custody of records in th	Remov

Filing Fee: \$25.00

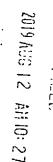
Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PROGRESS RESIDENTIAL 2015-2 BORROWER, LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "PROGRESS RESIDENTIAL BORROWER 9, LLC" ON THE FIFTH DAY OF AUGUST, A.D. 2019, AT 6:23 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID RESTATED CERTIFICATE IS THE TWENTY-SECOND DAY OF AUGUST, A.D. 2019 AT 8 O'CLOCK A.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 REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.





Authentication: 203386869

Date: 08-09-19