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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

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 **FS3 BUILDING 3 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

MAR 1 6 2016

Electronic Filing Menu

Corporate Filing Menu

Help

3/15/2016 3:44:47 PM From: To: 8506176383(2/5) COVER LETTER TO: Registration Section Division of Corporations **FS3 BUILDING 3 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: Mona Elminyawi Name of Person DLA Piper LLP (US) Firm/Company 33 Arch Street Address Boston, MA 02110 City/State and Zip Code mona.elminyawi@dlapiper.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mona Elminyawi Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: S55 Filing Fee & ☐ \$60 Filing Fee, ☐ \$30 Filing Fee & **■ \$25 Filing Fee** Certificate of Status Certified Copy Certificate of Status & Certified Copy CR2E055 (9/15)

3/15/2016 3:44:47 PM From: To: 8506176383(3/5)

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	rs on the records of the Florida Department of				
State: FS3 BUILDING 3 LLC					
Enter new principal office address, if applicable:					
(Principal office address	Two Seaport Lane				
MUST BE A STREET ADDRESS)	Boston, MA 02110				
Enter new mailing address, if applicable:	Two Scaport Lane				
(Mailing address MAY BE A POST OFFICE BOX)	Boston, MA 02110				
		7			
2. The Florida document number of this limited lia	ability company is: M15000005068				
3. Jurisdiction of its organization: Delaware		=			
	26, 2015				
SECTION II (5-9 complete only the applicable	changes)				
5. New name of the limited liability company: (mus	st contain "Limited Liability 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	d for the purpose of transacting business in Florida inaging members adopting the alternate name. The C." or "LLC.")	and attach a alternate name			
6. If amending the registered agent and/or registered registered agent and/or the new registered office at	ed officer address on our records, enter the name o	f the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida Street Address				
	. Florida				
		n Code			
the provisions of all statutes relative to the proper	nt and agree to act in this capacity. I further agree and complete performance of my duties, and I am tered agent as provided for in Chapter 605, F.S. O in the registered office address, I hereby confirm	familiar with r. if this			

3/15/2016 3:44:47 PM From: To: 8506176383(4/5)

B. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change: Authorized signatories have changed (name, title/capacity and address). See attached sheet.					
itle/ Capacity	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			Add		
•			Remove		
			ru E bb∧□ co		
			C Remove		
<u> </u>			Add		
			Remove		
	7-17		Add		
aforementioned ame	ate, if required: no more than 90 day admont(s), duly authenticated by the law of which this entity is organize	official having custody of records in the	Remove		
	1/2	authorized representative			

Filing Fee: \$25,00

AUTHORIZED PERSON(S)

ADD

Title	Name	Address
Authorized Signatory	Daniel J. Bradley	Two Seaport Lane
		Boston, Massachusetts 02210
Authorized Signatory	James J. Finnegan	Two Seaport Lane
·		Boston, Massachusetts 022H0
Authorized Signatory	Pamela J. Herbst	Two Seaport Lane
		Boston, Massachusetts 02210
Authorized Signatory	Carrie A. Bellerby	Two Seaport Lane 👼
		Boston, Massachusetts 02210
Authorized Signatory	Cristen Conkling	Two Seaport Lane
		Boston, Massachusetts 02210
Authorized Signatory	Linda M. Danyluk	Two Seaport Lane
		Boston, Massachusetts 02210
Authorized Signatory	Lily Kao	Two Seaport Lane
		Boston, Massachusetts 02210
Authorized Signatory	Jonathan E. Martin	Two Seaport Lane
		Boston, Massachusetts 02210
Authorized Signatory	Thomas Mullahey	Two Seaport Lane
		Boston, Massachusetts 02210
Authorized Signatory	Robert Plumb	Two Seaport Lane
•	1	Boston, Massachusetts 02210

REMOVE

Title	Name	Address
President	Chris Scott	2855 Le Jeune Road, 4th Floor,
		Coral Gables, FL 33134
Vice President	Vincent Signorello	2855 Le Jeune Road, 4 th Floor,
·		Coral Gables, FL 33134
Vice President	Daniel Marcus	2855 Le Jeune Road, 4th Floor,
	_	Coral Gables, FL 33134
Secretary	Kolleen Cobb	2855 Le Jeune Road, 4th Floor,
		Coral Gables, FL 33134
Treasurer	Juan (Rusty) Godoy	2855 Le Jeune Road, 4th Floor,
		Coral Gables, FL 33134
Assistant Secretary	Margarita M Martinez	2855 Le Jeune Road, 4th Floor,
		Coral Gables, FL 33134

TALLAH! SEEE, FI DAINS