

m15000005392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

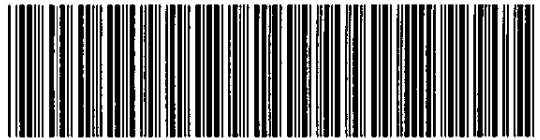
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/23/15--01001--023 **25.00

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2015 JUL 22 A 10:16

CLERK OF SUPERIOR COURT
JUL 23 2015

RECEIVED

15 JUL 22 PM 3:35

DIVISION OF CORPORATIONS

JUL 24 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2015

SUNSHINE CORPORATE & FILING SERVICES, INC
TINA GOFF

SUBJECT: CATON HSBC OWNER, LLC
Ref. Number: M15000005392

We have received your document for CATON HSBC OWNER, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

CERTIFICATE FROM DELAWARE MUST LIST BOTH OLD NAME AND NEW NAME

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 015A00015457

2015 JUL 22 A 10:16
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE
TALLAHASSEE, FLORIDA 32312

(850) 656-4724

TOLL FREE: 844-541-6792

COVER LETTER

WALK IN

ENTITY NAME: Caton HSBC Owner, LLC

CK # 1837

AMOUNT: 2500

PLEASE FILE THE ATTACHED AND RETURN:

☒ PLAIN COPY

☐ CERTIFIED COPY

PLEASE CONTACT TINA AT 850-508-1891 FOR
FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

FILED
2015 JUL 22 A 10:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CATON HSBC OWNER, LLC
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:

Eric Wolz

Name of Person

Wolz Corporate USA, Inc.

Firm/Company

36 South 18th Avenue, Suite D

Address

Brighton, CO 80601

City/State and Zip Code

joseph@bartknop.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Wolz

Name of Person

at (303) 655-9659

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED
2015 JUL 22 A 10:11
TALLAHASSEE, FLORIDA
DIVISION OF STATE
CORPORATIONS

**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 appears on the records of the Florida Department of State: CATON HSBC OWNER, LLC
2. The Florida document number of this limited liability company is: M15000005392
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: July 9th, 2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CATON OWNER, LLC
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City

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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
- _____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> 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

Eugene Zlatopolsky

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2015 JUL 22 A 10:18
CLERK OF STATE
OF NORTH CAROLINA

Delaware

PAGE 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CATON HSBC OWNER, LLC", CHANGING ITS NAME FROM "CATON HSBC OWNER, LLC" TO "CATON OWNER, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF JULY, A.D. 2015, AT 5:09 O'CLOCK P.M.



5779951 8100

151076495

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2577362

DATE: 07-22-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:12 PM 07/21/2015
FILED 05:09 PM 07/21/2015
SRV 151076495 - 5779951 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: CATON HSBC OWNER, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article FIRST of the Certificate of Formation is hereby amended to read as follows:

"FIRST: The name of the Limited Liability Company formed is CATON OWNER, LLC."

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 21st day of July, A.D. 2015.

By: /s/ Eugene Zlatopolsky
Authorized Person(s)

Name: Eugene Zlatopolsky
Print or Type