

M15000005629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

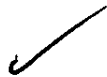
☐ MAIL

(Business Entity Name)

(Document Number)

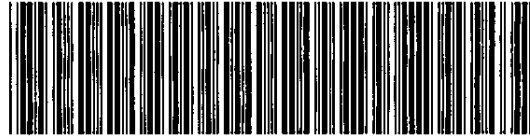
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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02/19/16--01020--023 **60.00

FILED
16 FEB 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL 32304

[Handwritten signature]
2/22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SWAY 2015-1 Equity 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:

Harman Ratia

Name of Person

Waypoint Homes

Firm/Company

1999 Harrison St 24th FL

Address

Oakland CA 94612

City/State and Zip Code

harman.ratia@colonystarwood.com

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

For further information concerning this matter, please call:

Harman Ratia

Name of Person

at (**510**) **900-9860**

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

**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: SWAY 2015-1 Equity Owner, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000005629

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 7/16/2015

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

5. New name of the limited liability company: CSH 2016-1 Equity Owner, LLC
(must contain "Limited Liability Company," "L.L.C.," 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," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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


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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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
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_____	_____	_____	<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

Tamra Browne

Typed or printed name of signee

Filing Fee: \$25.00

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16 FEB 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

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 "SWAY 2015-1 EQUITY OWNER, LLC", CHANGING ITS NAME FROM "SWAY 2015-1 EQUITY OWNER, LLC" TO "CSH 2016-1 EQUITY OWNER, LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF JANUARY, A.D. 2016, AT 2:35 O'CLOCK P.M.

FILED
16 FEB 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

5774829 8100
SR# 20160308579

Authentication: 201780978
Date: 02-04-16

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

15105502828 From: Harman Ratia
State of Delaware
Secretary of State
Division of Corporations
Delivered 02:35 PM 01/20/2016
FILED 02:35 PM 01/20/2016
SR 20160308579 - File Number 5774829


**CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF FORMATION
OF
SWAY 2015-1 EQUITY OWNER, LLC**

1. The name of the limited liability company is SWAY 2015-1 Equity Owner, LLC (the "Company").
2. The Certificate of Formation of the Company is hereby amended as follows:

Section 1 of the Certificate of Formation is hereby amended to read in its entirety as follows:

"1. The name of the limited liability company is CSH 2016-1 Equity Owner, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on this 20th day of January, 2016.


Taura D. Browne
Authorized Person

FILED
16 FEB 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA